WHEN EROS MEETS AUTOS:
MARRIAGE TO SOMEONE WITH AUTISM SPECTRUM DISORDER

by

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Abstract

While research attention focuses on autism spectrum disorder (ASD) and Asperger syndrome (AS) in children, little is known about the condition in adulthood. The majority of adults with AS/ASD remain undiagnosed and many of these individuals marry, bringing unexplained and significant challenges to the couple’s relationship. When a partner or couple seeks therapy, an important source of problematic symptoms remains unrecognized, and therapists who do not discern how AS neurology impacts a family system risk compounding their clients’ presenting issues. Often it is the partner without AS, or neurotypical (NT), who is considered responsible for the relational distress, usually the female due to the heavily male-skewed AS diagnostic ratio of 8:1. Anecdotal and clinical reports consistently underscore serious adverse effects on the physical and psychosocial well-being of NT spouses, yet the lived experience of this population has been remarkably neglected by researchers. This study used Giorgi’s descriptive phenomenological method to investigate what it is like to be married to someone with Asperger syndrome, based on semi-structured individual interviews with 10 current or former NT spouses. Edith Stein’s feminist phenomenological theory was applied in order to level power hierarchy, while Finlay’s model of “reflexive embodied empathy” served for data collection and “embodied dwelling” for analysis. To illumine the core mental processes involved in adult intimate relationships, attachment and interpersonal neurobiology theory oriented the literature review which served to identify the knowledge gap that this study sought to address. The results were unexpected, and revealed a pattern of intimate partner abuse so pervasive that it emerged as the lifestyle of the couples. The five forms of domestic violence (emotional, sexual, psychological,
economic, physical) characterized the lived experience of the participants. Based on the results, suggested interventions include: screening for PTSD and complex trauma in distressed NT spouses or former spouses; Korn’s integrative psychobiological treatment approach to trauma; Jordan’s mutually empathic relational-cultural model to restore intersubjective processes; and, Brown’s feminist therapy to reclaim a sense of self and inform subsequent support strategies.

Keywords: romantic love; Asperger syndrome; couples therapy; phenomenology; empathy; intimacy; domestic violence; trauma; attachment theory; interpersonal neurobiology; feminist theory.

Résumé

Tandis que la recherche est focalisée sur les troubles du spectre autistique (TSA) et le syndrome d’Asperger (SA) chez l’enfant, ceux-ci restent peu explorés en ce qui concerne les adultes. La majorité des adultes atteints de TSA/SA ne sont pas diagnostiqués et nombre de ces personnes sont mariées, situation dont découlent des défis significatifs et inexpliqués dans la relation de couple. Lorsqu’un couple suit une thérapie, un nombre important de symptômes problématiques ne sont pas reconnus, et les thérapeutes ne discernant pas comment la neurologie SA peut impacter un système familial, risquent d’exclure les problèmes que leurs patients soulèvent. Le partenaire sans SA, ou neurotypique (NT), est bien souvent considéré comme responsable de la détresse relationnelle. Il s’agit habituellement de l’épouse, le rapport de diagnostic du SA entre les hommes et les femmes étant de 8 pour 1. Notes et rapports cliniques sous-estiment grandement les effets néfastes sur le bien-être physique et psychosocial des conjoints NT, cependant l’expérience vécue par cette population a été grandement négligée par les
chercheurs. Il a été utilisé pour cette étude la méthode phénoménologique descriptive de Giorgi, afin d’enquêter sur la situation des personnes mariées avec un individu atteint du SA. Cette enquête est basée sur des entretiens semi-dirigés avec 10 conjoints ou ex-conjoints NT. La théorie phénoménologique féministe d’Edith Stein a été appliquée dans le but de distinguer les niveaux de pouvoir hiérarchiques, tandis que le modèle « d’empathie réflexive » de Finlay a servi à la collecte des données, et la « réinduction de l’épisode empathique » à l’analyse. Afin de mettre en lumière le cœur des processus mentaux impliqués dans les relations intimes de l’adulte, les théories de l’attachement et de la neurobiologie interindividuelle ont orienté l’analyse documentaire ayant servi à identifier les manques de connaissance qui ont amené à conduire cette étude. Les résultats étaient inattendus et ont révélé un schéma d’abus intimes du partenaire si invasifs qu’ils sont devenus partie prenante du mode de vie du couple. Les cinq formes de violence domestique (émotionnelle, sexuelle, psychologique, économique, physique) ont caractérisé l’expérience vécue par les participants. Basés sur ces résultats ont été inclus les suggestions d’intervention suivantes : le dépistage de troubles de stress post-traumatique et de traumatismes complexes chez les conjoints ou ex-conjoints, l’approche psychobiologique intégrée de Korn pour traiter les traumatismes, le modèle relationnel-culturel d’empathie réciproque de Jordan afin de restaurer les processus intersubjectifs, et enfin la thérapie féministe de Brown ayant pour but de rétablir la conscience de soi et d’informer sur les stratégies de soutien subséquentes.

Mots-clés : amour ; troubles du spectre autistique ; syndrome d’Asperger ; thérapie du couple ; phénoménologie ; empathie ; relations conjugales ; violence domestique ; traumatisme ; attachement ; neurobiologie affective ; féminisme.
Dedication

For now, the world consists of opposites…but in the end, none of those contrasts will remain. There will only be the fullness of love. How could it be otherwise?

—Edith Stein
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Academic achievement, like everything else, is interpersonal. While the References section at the end of this dissertation cites the names of those writers and researchers who have gone before me to whom I am profoundly grateful, a number of individuals have played a personal and instrumental part in the birthing of this work. Sparkling as the myriad lights of a nighttime metropolis, many thanks to many people must be extended, only a soupçon of which is sprinkled here. First and foremost, my Dissertation Chair, Dr. Leslie Korn, the midwife of my writer’s identity; my committee members, Dr. Joan Comeau and Dr. Kathryn Miller, for the invaluable benefits of their shrewd eye for improvement and their motivating suggestions; Kay Barlow, MA, LSW, for courageously leading the way; Dr. Linda Finlay, for powerfully igniting and personally guiding my passion for phenomenology, as well as Dr. Gena Barnhill, Dr. Valerie Gaus, Eva Mendes, and Dr. Harriet Simons, the luminaries whose field test responses greatly enhanced this study; Dania Jekel and Grace Myhill for their immeasurably effective support; the women who volunteered to unreservedly share their stories, trusting me to honor them; Dr. Jamie Marich, my unofficial heartening mentor who helped me through each discouraging time; Jean Dégrange of the Université de Bourgogne for the Abstract’s French translation; Dr. Frank Duffy and Dr. Kevin Stoddart for their generous reprint permissions wrapped in encouraging words; Paul Schiele who graciously lent me his woodsy home for three years of focus; Pierre-Claude Dégrange, for seven years of indefectible material, intellectual, technical, and moral support; and finally, my dad, my most delighted and dedicated interlocutor.
# Table of Contents

Acknowledgments vi

List of Tables x

List of Figures xi

CHAPTER 1. INTRODUCTION 1

  Background of the Problem 5
  Statement of the Problem 13
  Purpose of the Study 15
  Significance of the Study 17
  Research Question 20
  Research Design 21
  Assumptions and Limitations 25
  Definition of Terms 28
  Role of the Researcher 39
  Organization of the Remainder of the Study 42

CHAPTER 2. LITERATURE REVIEW 44

  Introduction to the Literature Review 44
  Theoretical Orientation for the Study 46
  Review of Research Literature Specific to the Topic 56
  Synthesis of the Research Findings 70
  Critique of the Previous Research 90
  Summary 100
CHAPTER 3. METHODOLOGY

Purpose of the Study
Research Design
Target Population and Participant Selection
Sampling Procedures
Data Collection Procedures
Guiding Interview Questions
Data Analysis
Role of the Researcher
Summary

CHAPTER 4. DATA COLLECTION AND ANALYSIS

Introduction: The Study and the Researcher
Research Methodology Applied to the Data Analysis
Description of the Sample
Presentation of the Data and Results of the Analysis
Summary

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Summary of the Results
Discussion of the Results
Discussion of the Conclusions
Limitations
List of Tables

Table 1. Participant Demographic Overview 144
List of Figures

Figure 1. A Common Interactional Cycle Between Partners When One Has Asperger Syndrome 84

Figure 2. Asperger Syndrome and Autism Spectrum Disorders Population Distributions 140
CHAPTER 1: INTRODUCTION

It has been said that human beings are wired for love (Beauregard, Courtemanche, Paquette, & Landry St-Pierre, 2009; Beckes & Coan, 2011; Bowlby, 2005; Castiello et al., 2010; Fishbane, 2013; Horstman, 2012; Johnson, 2013; Katehakis, 2010; Porges, 1998; Solomon, 2012; Stoessel et al., 2011; Szalavitz & Perry, 2010; Tatkin, 2011; Uvnäs Moberg, 2013; Zeki, 2007). Love is an essential aspect of the experience of being human; in fact, decades of research robustly confirm that love is vital to our existence, a veritable “survival code” (Johnson, 2013, p. 6). The transformational powers of love have been expressed through the ages in the arts, literature, philosophy, theology, and, more recently, psychology. Currently, it is in the realm of neuroscience that the developmental effects of love on the human brain have begun to be explored with imaging technology (Zeki, 2007). The multiple, intensely pleasurable rewards of love impel us to risk engaging in the unpredictability and messiness of an indelible emotional bond with an Other, a risk for which there is no guarantee of outcome other than our mutual transformation – for better or for worse.

Indeed, the disruption of a meaningful social connection is associated with negative affect and impairment in functioning (Beckes & Coan, 2011; Brown, Silvia, Myin-Germeys, & Kwapil, 2007; Schore, 2012). The neurological impact of love lost was observed, for example, in a sample of recently separated lovers, whereby changes in
a brain network were revealed which are also implicated in major depressive disorder (Stoessel et al., 2011). The fact is that whenever an individual’s well-being is threatened by relational problems or loss of a loved one, the so-called stress response is particularly active, the chronicity of which is associated with deleterious structural alterations of the brain (Lucassen et al., 2014). Comparable to physical pain which serves as an alarm to motivate repair to an organism, it is the pain of loneliness that serves as the protective signal to motivate repair to social disconnectedness (Rokach, 2012, citing Cacioppo et al., 2006).

In contrast to the cortical insult associated with chronic relational distress, there is a positive correlation between the intensity of early-stage romantic love and concentrations of nerve growth factor (Zeki, 2007). *Nerve growth factor* is a molecule that plays a role in neural development, protection, and repair from infancy through adult life and aging (Sofroniew, Howe, & Mobley, 2001). Also implicated in love-related healthy brain function are what Uvnäs Moberg (2013) calls the hormones of human closeness: Release of oxytocin, dopamine, and endogenous opiates is associated with the deeply pleasurable feelings of euphoria, happiness, exhilaration, joy, calm, contentment, gratitude, delight, and ecstasy, those loving feelings that consolidate the process of human bonding. Not surprisingly then, love life has been found to be the main predictor of well-being (Neto, 2010, citing Salvatore & Munoz, 2001), while Freud himself declared that “in the last resort we must begin to love in order that we may not fall ill, and we must fall ill if, in consequence of frustration, we cannot love” (1924, p. 42, cited in Neto, 2010).
Thus, across the lifespan, forming and maintaining interpersonal attachments, as well as resistance to losing or replacing them, is a powerfully pervasive, fundamental human motivation which Baumeister and Leary (1995) conceptualize as the need to belong. These authors propose that a relationship which most satisfyingly fulfills the need to belong is mutual, stable and long-term, and is characterized by frequent, affectively pleasant interactions, as well as by reciprocal caring, with concern for one another’s well-being. In adulthood, it is the marital bond, or equivalent, that most often provides the fulfillment of attachment needs (Heinrich & Gullone, 2006), in response to the human yearning for a reciprocated sense of worth, the warmth of connectedness, and frequent confirmation of one’s identity (citing Rokach, 1989).

One of the principle vehicles by which a sense of belonging is negotiated between two people is emotional attunement (Siegel, 2012a). Consensus on a definition of the word emotion remains elusive (Izard, 2010), but the importance of cultivating closeness using both verbal and nonverbal expressions of feelings is widely recognized. Emotions are mediators of human social life (Trevarthen, 2009), and intimate couples experience relatively high levels of emotional interdependence and emotionality (Debrot, Schoebi, Perrez, & Horn, 2014), much of which is regulated between the two partners by facial expressions, eye gaze, vocal intonation, and tactile signs of affection. The eyes, in particular, are a powerful organ of dialogue (Trevarthen, 2009); they utilize a remarkably large area of the brain, and play a vital role in igniting and rekindling romantic love (Tatkin, 2011). It is primarily through unconscious bodily imitation and facial expression
that a partner experiences the other partner’s affect, and infers the other’s intentions and motivations, a process that Decety (2007) suggests is one component of empathy.

When partners are aware of being accurately felt by the other, made sense of, and responded to contingently in some way, the empathic exchange can be profoundly validating for both partners. It is thus that positive emotions can be amplified, while negative affect diminishes, a deeply pleasurable coregulatory dance to which Siegel (2012a) refers as feeling felt. This coordinated state becomes a desired goal, and its afferent positive affects correlate with neurochemical environments most conducive to growth and learning (Fosha, 2009, citing Lyons-Ruth, 2007). Tronick (2009) explains that it is not merely chemistry that makes us feel connected, but rather the cocreation of new meanings which leads to expanded consciousness and felt emotion. Likewise, the ebb and flow of love as described by Johnson (2013) entails an iteration of missing and misreading cues, which creates distressful emotional disconnection and motivates repair, a process that leads to finding deeper meaning.

We know via imaging technology that any given emotional experience engages not only the brain, but the entire body, orchestrating the autonomic, musculoskeletal, and neuromodulatory systems in an attempt to provide reliable interpersonal communication (Freeman, 2005). Freeman explains that one’s perception of a remark or gesture is dependent upon the brain’s state of expectancy, so that its perceived meaning may or may not match another’s reality. Ruptures to interpersonal connection are a normal, everyday occurrence (Tronick, 2009), requiring repair strategies to maintain a healthy relationship:
the rupture is empathically recognized, which then motivates attuned approach behaviors, and emotional connection is resumed (Siegel, 2012a).

In real-life comparisons with the aforementioned schema, even the best-matched romantic partners experience repeated difficulties in being authentically present to one another. Attachment injuries in the form of betrayal, abandonment, invalidation, or nonattentiveness may come to define relationship safety, and maintain distressful negative affect (Greenberg, Warwar, & Malcolm, 2010). The bond between partners remains intact, but is fueled by anger and sadness. Less dramatic, perhaps, but possibly as harmful to relationship quality and emotional well-being, is repetitious neglect of minor daily misattunement repair, resulting in insidious disaffection. Couples therapy can prove helpful in both cases to teach lovers effective responsiveness (Debrot et al., 2014) that seeks to repair the attachment bond between them (Johnson et al., 2013).

**Background of the Problem**

But what happens when a client couple is unaware that one of the partners has autism spectrum disorder (ASD), “a disorder of nonverbal communication, or to be more specific, a disorder of the unconscious linkage between people, mediated by nonverbal communication” (Tantam, 2013, p. xxiv)? What are the chances that couples therapy helps their marriage, when undetected neurodevelopmental anomalies account for a partner’s share in the couple’s attachment injuries? How to explain it when one of the best approaches to couples treatment yet to be devised, Emotionally Focused Therapy
(Johnson, 2013), may actually aggravate this couple’s situation, despite the model’s 70-73 percent success rate among many different kinds of couples in distress (Lebow, Chambers, Christensen, & Johnson, 2012)?

**Asperger Syndrome: A Hidden Disability**

To further confuse the clinical picture, this partner’s IQ will fall somewhere between the normal to genious range, and the individual might be highly successful—if not brilliant—in certain areas such as science or music. And finally, this spouse might be wealthy, exceptionally youthful and good-looking, excel in a particular sport, have a contagious sense of humor, posses vast knowledge, and hold a terminal degree (Bently, 2007). Who would guess that the couple’s marital problems would be illuminated by the diagnosis of a neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction? Would a therapist suspect ASD in this imperturbable client who maintains eye contact throughout the intake session, or instead, consider the distressed, distraught, and depressed spouse the primary focus of clinical attention?

This baffling profile could be that of someone with Asperger syndrome (AS), a neurodevelopmental disorder subsumed under the current *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013) diagnostic category of Autism Spectrum Disorder (ASD). Its clinical features include “deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationships” (p. 31). The World Health Organization
distinguishes AS from autism when there is no delay or retardation in language or in cognitive development (WHO, 1992); in addition, symptoms of ASD often appear before the first birthday (Rogers & Dawson, 2010), whereas, since language development and IQ are in the normal range, AS is diagnosed much later (Baron-Cohen et al., 2013)—if at all (Stoddart, Burke, & King, 2012).

WHO (1993) criteria for research specify that during the first three years, a child with AS manifests adaptive behavior, self-help skills, and normal curiosity about the environment. Indeed, AS is a hidden disability and individuals can appear perfectly normal (Roud, 2013); therefore, parents may not sense the presence of developmental anomalies until their child enters the more socially complex arena of school. Later, the presence of an ensemble of compensatory mechanisms (APA, 2013), coupled with high intelligence, helps explain how an individual with AS who enters adulthood might marry, have children, maintain a successful career, and engage in social interaction, compelling facts which provide “proof” to the untrained observer that this individual could never be suspected of having AS. However, behind the scenes, the situation might look completely different, which is an important reason why the contribution of a spouse ensures a valid diagnosis (APA, 2013).

Disturbances directly related to AS that may impact marriage include impaired social communication (APA, 2012), e.g., habitually speaking in the same way to a spouse as to a stranger (Colle, Baron-Cohen, Wheelwright, & van der Lely, 2008); eye gaze avoidance (Dalton et al., 2005); sensory abnormalities (Klintwall et al., 2011); multisensory processing dysfunction (Kern et al., 2007); emotion recognition deficit
(Sawyer, Williamson, & Young, 2012); inability to identify and describe feelings (Moriguchi & Komaki, 2013); incapacity to empathize (Taylor & Bagby, 2013); apparent disinterest in showing or receiving affection (Sofronoff, Eloff, Sheffield, & Attwood, 2011); reduced sharing of interests (APA, 2013); lack of smile response (Robison, 2011); indifference to the sexual aspect of a relationship (Aston, 2012); aloofness (Pelphrey & Carter, 2008); rigidity and inflexibility with routine (Zukauskas, Silton, & Assumpçao, 2009); tantrums (Konst, Matson, & Turygin, 2013); ruminations and recriminations over past conflicts (Tantam, 2013); prevarication (Edmonds & Worton, 2006); a close relationship feels overwhelming to the AS partner (Attwood, 2008), yet, over-dependency on the neurotypical partner (Thompson, 2008). Deficits in executive functioning reduce the capacity to make plans and take initiatives (Sahlander, Mattsson, & Bejerot, 2008), to manage time and money (Tantam, 2013), and to acknowledge another’s perspective (David et al., 2010). In addition, psychiatric comorbidities have been found to be significantly more prevalent in individuals with AS (Abdallah et al., 2011).

These very real challenges to marital harmony notwithstanding, it is important to avoid applying a linear causal theory that excessively blames Asperger syndrome as the source of all the relationship problems. This stance is neither helpful nor fair, and it is far more constructive if neurotypical (NT) spouses understand their own role in the dysfunctional marriage (Stoddart et al., 2012). That said, marriage to someone with AS can be undeniably difficult, with potentially serious mental health consequences for both members of the couple, for their children, and for their larger family systems.
(Grigg, 2008). Scant existing literature posits that NT spouses commonly suffer from Affective Deprivation Disorder (AfDD; Aston, 2011), a relational disorder characterized by chronic dyadic dysregulation in reaction to a pervasive lack of emotional reciprocity (Simons & Thompson, 2009). It is the intent of this study to increase our understanding of the experiences of NT individuals who know what it is like to love and marry someone with AS. Since this aspect of social and romantic life is examined within a context of NT/AS neurodiversity, the theoretical perspective undergirding the present study is interpersonal neurobiology (IPNB).

Theoretical Framework

**Interpersonal neurobiology (IPNB).** Whereas human consciousness is experienced from the perspective of an individual self, the fundamental assumption of IPNB is that the brain, as a social organ, is largely dependent upon relationships for its development (Cozolino, 2014). Human relational interaction builds and constantly modifies brain structure: Each of us is embedded in a relational matrix and when we interact bi-directionally, each brain’s internal biochemistry is impacted at the cellular level, influencing cellular structure, internal biological states, and social behavior. The safe and supportive interpersonal environment provided by secure attachments ideally found in marriage, parenthood, or the therapeutic alliance, for example, is thought to create optimal neural plasticity manifested as empathic attunement (Cozolino, 2010). *Feeling felt,* that is, sensing when someone else feels one’s own feelings fosters mutual affect regulation, describes a process whereby enjoyable positive emotions are amplified and unpleasant negative emotions are diminished (Siegel, 2012a). Since it is now
generally acknowledged that neurogenesis continues throughout adulthood (Rodriguez & Verkhratsky, 2011), having first been demonstrated by Eriksson et al. (1998), synaptic plasticity across the lifespan is thus possible (Cozolino, 2008; LeDoux, 2002).

If, then, we are contextualized inter-relational beings with social brains continually transformed in response to relationship, an NT/AS marriage would presumably affect each partner’s neurobiochemistry, internal biological states, social behavior, and degree of function of affect regulation. Clinically observed disturbances reported by NT clients, e.g., depression, anxiety, loss of libido, sleep problems, lethargy, appetite problems, and signs of a weakened immune system, are thought to be due to a chronic lack of emotional connectivity (Aston, 2009). The NT spouse may never experience feeling felt by a partner with core deficits in social cognition, and the neurobiological effects resulting from a long-term empathically disconnected state may be symptomatically manifested to an extent that constitutes a disorder.

Adult outcomes in AS can sometimes be excellent (Attwood, 2008; Coleman & Gillberg, 2012), although Tantam and Girgis (2009) identify remission as another important area of controversy. At present, however, little is known about the developmental trajectory for those with AS who reach middle to late adulthood (APA, 2013; Howlin & Moss, 2012). A study of the lived experience of NT spouses of AS partners that is grounded in current IPNB research contributes to a better understanding of (a) the clinical picture of NT spouses, (b) the effects that two different cognitive styles
have on each other over time, (c) which social factors possibly affect better outcomes in AS over the lifespan, and ultimately, (d) the mechanisms by which intimate relationships help fulfill essential human needs.

**Feminist theory.** In view of what we know from convergent clinical and lay reports of the duress that characterizes NT/AS marriages, the consistency across the reporting of the deleterious impact of AS symptom expression on the NT partner, and NTs’ strong disappointment in therapists’ ability to help, a question arises concerning the paucity of research attention that has been given to the avowed decline in psychosocial and physical well-being of NT partners. The results of a recent literature review by Bostock-Ling, Cumming, and Bundy (2012) revealed that studies of NT/AS intimate relationships generally focused on the AS partner, while no study addressed the nature and impact on the NT spouse of AS core symptom expression. Since males are heavily over-represented among the diagnosed AS population in a ratio of 8:1 (Abrahams & Geschwind, 2008; Roy, Dillo, Emrich, & Ohlmeier, 2009; WHO, 1992), the majority of NT spouses are female.

Because the neurodevelopmental profile of AS allows for little amplitude in adaptive behavior, marital success largely depends on the NT spouse’s ability and willingness to adapt her behaviors to accommodate the multiple needs, cognitive style, communication limitations, and executive functioning deficits of her AS partner (AANE, 2013). Furthermore, within the realm of sexual intimacy, these women are frequently required to forego this fundamental aspect of married life, in some cases for the full duration of the marriage (Moreno, Wheeler, & Parkinson, 2012). There reigns notable
complacency across the literature as to the acceptability of this degree of self-sacrifice, wherein the immeasurable potential betrayal of the NT’s personality for the good of the husband remains unquestioned. It can be wondered if the equivalent would hold true were the majority of NT spouses male, as it can be wondered if the explanation might partially lie in the value our society places on the characteristics and contributions of what Baron-Cohen (2009) calls the *extreme male brain*, theorized by that author to typify the AS neurological profile.

Indeed, converging evidence shows a link between AS and exceptional talent in the male-dominated domains of mathematics, physics, engineering, and computer science (Baron-Cohen, Wheelwright, Skinner, & Clubley, 2001; Grandin & Panek, 2013), and it may be that our market-driven culture places a higher value on technological and scientific success than on the quality of personal relationships and their role in cognitive and emotional development. A feminist theoretical framework serves to support the marginalized voices of NT spouses, by seeking to reduce clinical and research neglect of NT partners’ struggles in AS marriages, perhaps but another reflection of what French philosopher Irigaray (1984/1993) describes as a failure to construct values different from those of the world of men. As a feminist contributor to phenomenological theory (van Manen, 2011), Irigaray’s work appropriately illuminates the purpose and methodology of the present study.

Deriving from *écriture féminine* (feminine writing) primarily developed by French feminist critic and writer Hélène Cixous (cited by Sellers, 2000), this study deliberately crafts the risks of openness and non-control that characterize both *écriture
féminine and the phenomenological reduction; indeed, according to Cixous, feminine writing begins with the Other, refuses appropriation, and inscribes “life as it is.” Data collection and analysis, using Finlay’s (in press) reflexive embodied empathy methodology, are processes that recall Cixous’ “write your body” invitation: language, as well as the writing process itself, are physiological activities the awareness of which allows women to rediscover self-perceptions and bodily motivations previously determined by men (Sellers, 2000). Another author associated with écriture féminine, Kristeva (1993/1995) argues that human beings have been determined by their productivity as opposed to their reproductivity, thereby relegating the feminine to nonexistent. A phenomenological philosopher, psychoanalyst, and literary critic (van Manen, 2011), Kristeva posits that the new feminism will use modified codes of language and artistic expression that are stylistically much closer to the body and the emotions, as attempts the present study in conjunction with IPNB theory.

**Statement of the Problem**

Most psychotherapists lack working experience with adults on the autistic spectrum (Munro, 2010). Therapists who do not discern how AS neurology impacts a family system risk compounding their clients’ presenting issues (Myhill & Jekel, 2008), but little attention has been given to the psychosocial and interpersonal functioning of these families (Pollman, Finkenauer, & Begeer, 2010). Because AS in adults is largely undiagnosed (Okamura, Isoya, & Hosoda, 2011), when a spouse or a couple seek therapy, the source of the problematic symptoms remains unrecognized. Often it is the NT spouse
who is considered responsible for the marital distress (Rodman, 2003), and chances are that the responsibility will fall on the female partner, due to the heavily male-skewed AS diagnosis rate of 8:1.

Therefore, assessing AS is essential for the survival of a marriage, as is mutual acknowledgment of its diagnosis (Aston, 2011). Few treatments have been developed (Eack et al., 2013), although cognitive-behavioral therapy has been found to reduce co-morbid mood and anxiety disorders in adults with AS (Dubin, 2009). Furthermore, it is necessary that the therapist know how to adapt treatment to the AS individual’s unusual profile (Gaus, 2011). Individual and couples counseling will require a very different approach in methods and language use on the part of practitioners, who will need to modify their techniques to adapt to the unique thinking and communication style of the AS client. Nevertheless, in spite of therapy, the core social impairments that characterize AS will persist throughout life (Gillberg, 2002). Particularly relevant for this study, the essential question of whether counseling or psychotherapy can provide help for these couples lacks research evidence (Tantam, 2013).

Currently, knowledge of the syndrome is largely based on the clinical experience of a limited number of therapists who specialize in working with this population, as well as on published personal accounts written by individuals with AS (Bostock-Ling et al., 2012). Media advocacy for an increase in public, professional, and policy-maker understanding of adult AS is often conducted unilaterally by adults with AS themselves (e.g., Nick Dubin, Temple Grandin, John Elder Robison, Stephen Shore, Rudy Simone, Liane Holliday Willey). However, autobiographical accounts by those with AS
noticeably lack descriptions of the effects that their condition might have on others. In a study by Jackson, Skirrow, and Hare (2012), participants with AS demonstrated a limited capacity for self-understanding, confirming Hobson’s (1997) hypothesis regarding AS-related impairment in reflective self-awareness. This is one reason why the most reliable and valid diagnosis requires reports from multiple sources to supplement the client interview.

Growing evidence reveals the reciprocal effects on mental health of mental disorders among family members, such as autism (Benson, Daley, Karlof, & Robison, 2011), bipolar disorder (Tranvag & Kristoffersen, 2008), and anxiety disorders (Zaider, Heimberg, & Iida, 2010). Yet, the reciprocal effects on mental health between adult AS and NT romantic partners have not been the object of any published research studies (Ivey & Ward, 2010). In a systematic examination of peer-reviewed journal articles investigating adult NT/AS intimate relationships, Bostock-Ling et al. (2012) did not find a single good quality study that specifically addressed NT psychosocial well-being or intervention recommendations for these partners. The authors highlight a need for empirical research that identifies the clinical problem and those outcomes which could be improved. The present study, then, seeks to contribute to our understanding of the lived experience of NT spouses of individuals with AS.

**Purpose of the Study**

While much research attention is focused on autism among children, the disorder in adulthood is barely researched (Happé & Charlton, 2011; Tantam & Girgis, 2009). The
majority of individuals with AS remain undiagnosed (Brasic, 2009; Coleman & Gillberg, 2012), a portion of them seeking help for the first time in their 40’s, 50’s, and 60’s (Stoddart et al., 2012, p. ix). Many of these undiagnosed individuals have married (Coleman & Gillberg, 2012), bringing unexplained and significant challenges to the marital relationship. Yet, few studies have explored the effects of a neurodiverse marriage from the perspective of the NT partner, despite a growing number of books, dedicated websites, and Internet forums that commonly report NT spouses to be adversely affected by AS behaviors (Bostock-Ling et al., 2012). When AS remains undiagnosed, the NT partner who seeks outside support is likely to encounter disbelief on the part of peers, family, and therapists, due to lack of awareness of the disorder or to popular bias based on caricature-type personages gleaned from mainstream media. The lack of validation of personal reports can cause intensification of the NT’s feelings of isolation, desperation, confusion, and helplessness (Aston, 2009).

Contributing to the difficulty in recognizing the disorder is the fact that by the time they reach adulthood, many people with AS have learned to appear to blend into the neurotypical world, making eye contact, maintaining successful careers, possibly attaining leadership in their professional field, marrying, and raising children (Mendes, 2013). Compensation strategies and coping mechanisms conceal their difficulties in public, even if the effort required in maintaining a socially accepted facade is an added source of significant stress for the adult with AS (APA, 2013). Good to remarkable formal language mastery, coupled with normal to high IQ, masks the significant impairments in comprehension and reciprocal social communication characteristic of
those with AS (Coleman & Gillberg, 2012). For these reasons, AS is often referred to as the invisible or hidden disability, since physically, individuals appear perfectly normal (Roud, 2013).

These are, then, some of the factors that illuminate the difficulty NT spouses have in finding support. Worse, a potential support network’s lack of awareness of the effects AS can have on intimate relationships may result in the scapegoating of the NT partner, who is seen as intolerant, emotionally needy, or overly dependent (Mendes, 2013). Yet, to date no study has been published that explores the experiences of NT spouses of partners with AS, information which could be instrumental to a better understanding of the specific challenges inherent in NT/AS interpersonal relationships and increase clinicians’ awareness of the mental health needs of this widely misunderstood client population (Bostock-Ling et al., 2012).

To address this important gap in the literature, the present phenomenological study provides a description of the lived experience of NT spouses who discover that the person they married had previously undiagnosed Asperger syndrome. Personal accounts are given by individuals who, when committing to marriage, were unaware of the atypical neurological profile known to cause significant impairments in empathy, reciprocity, comprehension and social communication.

**Significance of the Study**

The mental health implications to families when a spouse or parent has AS have not been the object of any published research studies (Bostock-Ling et al., 2012; Ivey &
Ward, 2010). This gap in the literature exists despite the fact that clinicians specializing in adult clients with AS report that the NT spouse often suffers from Affective Deprivation Disorder (AfDD), a relational disorder caused by enduring relational dysfunction in reaction to a chronic lack of emotional reciprocity (Aston, 2011; Attwood, 2008; Lorant, Doonan, & Okada, 2011; Simone, 2009; Simons & Thompson, 2009; Weston, 2010). A relational disorder is defined as a “persistent and painful pattern of feelings, behavior, and perceptions involving two or more individuals in an important personal relationship” (First et al., 2002, p. 161) the effects of which seriously impair physical health and psychological adjustment. Simons and Thompson (2009) emphasize that the disorder is situated in the bond between individuals, rather than in the impact a disordered individual has on others.

Although not a formally recognized diagnostic category, the concept acknowledges the importance of reciprocal interaction patterns in the development of psychopathology as well as in the success of treatment outcomes (Denton, 2007). Its role in relapse has been identified in disorders such as schizophrenia, eating disorders, and major depressive disorder, for example (First et al., 2002). Simons and Thompson (2009) indicate that low emotional intelligence, alexithymia, and a low empathy quotient in a partner, all of which are features characteristic of AS, contribute to an AfDD relationship profile. Chronic high conflict and domestic abuse are associated with reduced marital quality related to AfDD. Possible psychological and physical symptoms of AfDD include undermined self-esteem due to a persistent lack of emotional validation, feelings of anger, depression, anxiety, guilt, confusion, depersonalization, agoraphobia, fatigue,
migraines, weight gain or loss, sleep disturbances, and hormonal imbalance (Simons & Thompson, 2009). By generating rich description of NTs’ marital experience with a spouse who has AS, this phenomenological study seeks to allow implicit meanings to emerge that will contribute to our understanding of a specific relational phenomenon: that of neurodevelopmentally diverse couples.

**Practical Implications**

It is likely that AS is one of the most underdiagnosed, misdiagnosed, or medically mistreated of all mental disorders. To illustrate, the majority of individuals who seek support from Asperger/Autism Network have received an average of six or more diagnoses before finally receiving a diagnosis of AS (AANE, 2013). According to AANE, the most common misdiagnoses are OCD, Tourette’s, mental retardation, anxiety disorder, depression, ADHD, bipolar disorder, giftedness, oppositional defiant disorder, and sensory integration disorder. One reason for this is the high frequency of co-morbid psychiatric disorders associated with AS (Mazzone, Ruta, & Reale, 2012). Yet, an assessment of AS is vital for the survival of a marriage, as is the couple’s mutual acknowledgment of its diagnosis (Aston, 2011). Furthermore, therapists need to be aware of the ethical implications of an assessment, and its impact on each partner; for example, there exists a risk that the realization that one member of the couple has a lifetime developmental disorder for which there is no cure may provide the other partner a pretext for divorce (Tantam, 2013).
In addition to professional limitations in accurate diagnostic discernment, very little is known regarding therapeutic treatment modalities for this population (Stoddart et al., 2012), and research evidence is lacking to support whether or not couples therapy can help (Tantam, 2013). Indeed, mainstream therapy is known to exacerbate the NT/AS couple’s presenting problems, and intensify their feelings of alienation, so the attrition—and divorce—rate in these clients is tragically high (Aston, 2012; Bliss & Edmonds, 2008). It is believed that by describing their lifeworld, NT spouses can offer information not easily accessible to outside observation, increasing our awareness of their personal strengths and struggles, improving our knowledge of the heterogeneous and complex adult AS population, and perhaps most importantly, dissolving unwieldy stereotypes of both profiles.

**Research Question**

A dissertation research question fulfills two vital requirements: (a) The question addresses a topic that has recognized scientific merit; (b) The question “will hold the wondering gaze and passionate commitment of the researcher […], one that will sustain the researcher’s curiosity, involvement, and participation, with full energy and resourcefulness over a lengthy period of time” (Moustakas, 1990, p. 40). Moustakas highlights simplicity, concreteness, specificity, and clarity as the qualities which Kierkegaard required for a good question. To craft a research question, each word is carefully chosen, as these words will reflect the intent and purpose of the study. Taking into account these considerations and applying them to the research problem presented here, the question formulated for this study is:
What is it like to be married to someone diagnosed with Asperger syndrome?

Research Design

Qualitative Methodology

The design of a research project is defined by the nature of the research question. The research question posed here directs investigation to a phenomenon about which little is known; thus, for a number of reasons a qualitative mode of inquiry is considered to be the most appropriate way to answer the question. It is the lived experiences as narrated by the participants that will yield the data to create an understanding of a specific phenomenon about which very little is known (Bowen, 2005); indeed, the results generated by qualitative research illuminate client experience, information which can be immediately useful to clinicians and the therapy process (Kisely & Kendall, 2011).

For the present study, it is believed that a topic for which the principle keywords are love, marriage, empathy, and feeling felt is most faithfully represented using the multilayered, nuanced techniques afforded by a qualitative method. Grounded in feminist phenomenology, design coherence is achieved using an approach that levels power hierarchy by emphasizing doing science “with participants” rather than “on subjects”; indeed, participants’ empowerment is naturally assumed when the ‘truth’ lies in their perspective, not that of the assessors (Kisely & Kendall, 2011). Combining feminist philosophy and interpersonal neurobiology, the mind-body positivist dichotomy finds integration when the researcher becomes the embodied instrument of investigation: Labeled as iterated empathy by feminist phenomenologist Edith Stein, the process of
perceiving another’s experience and ascribing intentional acts requires that each must identify the other bodily (Beyer, 2013, citing Stein, 1917)—an intuition empirically supported by recent studies of mirror neurons and their role in understanding another’s mind (e.g., Iacoboni, 2009; Singer, 2006).

The emotive interaction involved in qualitative procedures is transformative for both researcher and participant (Ponterotto, 2010), perhaps contributing to the meaning-making process of descriptive phenomenological research. Whatever the case, “not only are the emotions allowed in qualitative research, they are crucial. Because entering the meaning-making world of another requires empathy, it is inconceivable how the qualitative researcher would accomplish her goal by distancing herself from emotions” (p. 583, citing Sciarra, 1999). Thus, a qualitative research design is selected as the superior method, or “way to a goal” in the Greek sense (Kvale & Brinkmann, 2009, p. 82), to gain deeper understanding of a particular social phenomenon that is largely unknown.

Phenomenological Model

Psychological investigation, as a true science, applies established methods to acquire information, adhering to specific rules to determine the information’s validity (Bordens & Abbott, 2011). The phenomenological model of inquiry is the scientific method selected for the present study. A phenomenological research approach allows a focus on, and a dwelling in, the lived world being investigated (Wertz, 2011), without categorizing, explaining, or generating theory (Finlay, 2011). Giorgi’s (2012a)
descriptive phenomenological method is selected to guide data collection and analysis, as it is considered by experts in the field to rigorously mediate the philosophy of Husserl, the father of phenomenology, into a scientific methodology (Cloonan, 2012).

**Data Collection**

Following permission by the Executive Director of an organization for families of individuals with ASD, a recruitment invitation was posted on their website, and support groups were notified of the study by the Coordinator of Partners’ Services. The invitation presented the purpose and topic of the research study, defined eligibility criteria, and invited interested volunteers to contact the researcher directly by phone or email. A sample size of 10 participants is used for this study and corresponds to the Capella University minimum requirement for phenomenological dissertation research methodology. Volunteers who responded to the email announcement were contacted by the researcher for an initial pre-interview screening phone call in order to determine eligibility, begin to establish rapport, and when appropriate, schedule an interview. Inclusionary sampling criteria stipulated that: (a) participants had been married for at least five years to someone who received a formal diagnosis of AS/ASD during the marriage; (b) before committing to marriage, neither spouse was aware that one had AS; (c) participants had no reason to believe they had AS themselves; (d) participants had access to the WebEx Meetings videoconference website; (e) participants were over the age of 18 years.
Following the pre-interview screening phone call, a welcome letter was emailed to the participant that provided precise information about the scheduled interview, and included an attached document of informed consent. Informed consent was obtained to document participants’ understanding of the purpose of the study, data collection procedures, their rights, and the protective measures taken to ensure strict confidentiality. Single 120-minute interviews were conducted individually via the WebEx Meetings videoconference website. A few open-ended, non-directive questions guided the in-depth semi-structured conversational interviews which were digitally video-recorded. Immediately following the interview, a personalized thank you note was emailed to participants, and a $25 VISA gift card sent by postal mail. Interviews were transcribed verbatim as part of Giorgi’s (2012a) descriptive method.

**Data Analysis**

Data analysis followed Giorgi’s (2012a) descriptive phenomenological method, which entails four steps. First, the entire description is read to get a holistic sense of the data, an open reading (Wertz, 2011) with no aim or agenda. Second, the description is reread, and each time the researcher senses a transition in meaning, that place is marked in the text, beginning the process of discriminating meaning units. Third, the meaning units are transformed into expressions which reflect the psychological value of what the participants said. And finally, the transformed meaning units serve as the basis for presenting a meaningful organization of the study’s explored phenomenon as a structural whole, using free imaginative variation. It is this essential structure, i.e., the description of the psychological essence of the experience, which serves to assess the findings in
relation to the raw data. No software programs were used to assist with data analysis, allowing the researcher to maintain fluid body movement, and manually handle the transcripts during the analysis process for optimal dwelling in and lingering with the data.

**Assumptions and Limitations**

A number of philosophical and theoretical assumptions undergird the present study, and, inevitably, expectations held by the researcher are implicitly reflected throughout this Introduction, all of which it behooves the researcher to explicate. The philosophy of science—how we know what we know; the philosophy of psychology—how we understand the psyche; theory—the lens that determines a researcher’s viewpoint; and expectations—beliefs that researchers have formed based on previous knowledge, comprise the personality of a research study. For Socrates, an unexamined life is not worth living; for the researcher, an uninformed study is not worth publishing. For McLeod (cited in Ponterotto, 2010), “good qualitative research requires an informed awareness of philosophical perspectives.” And finally, for the reader, when disentangled from all that the researcher assumes to be taken for granted, it becomes possible to evaluate a study within its proper context. Importantly, different phenomenological philosophers bear different methods, which account for variability in application (Giorgi, 2006). Thus, the quality of a phenomenological study largely depends upon the researcher’s grasp of its philosophy, an understanding that ensures a methodology which best matches the aim of the study (Dowling & Conney, 2012).
General Methodological Assumptions

- In terms of the philosophy of science, the research paradigm of phenomenology is possibly the most postpositivistic among qualitative approaches, because it confines itself to description of psychological structures, rather than explaining individual experience; it is also interpretive, because it relies on the researcher’s imagination and self-understanding to arrive at the essence of a phenomenon as it is presented to the researcher (Giorgi, 2008).

- The study’s epistemological assumption, i.e., the relationship between the researcher and the participant, is postpositive in the sense that the phenomenological attitude requires that the researcher maintain noninterference in relation to the participant (Finlay, 2012a).

- The ontological assumption, i.e., the nature of reality, is that the phenomenon really exists (Finlay, 2012a), but spontaneous positing of its existence is suspended first to see how it presents itself to the experiencer (Giorgi, 2012a).

- The axiological assumption, i.e., the role of values in the scientific process, is that researcher self-awareness allows the bracketing of values, suspending judgment in an effort to be fully open to new understanding (Husserl, 1931/2012).

- The rhetorical structure used to present the procedures and results assumes that concrete description of truly essential, invariant structures of an
experience can be conveyed to gain a deeper appreciation of a psychological reality (Giorgi, 2012a).

**Theoretical Assumptions**

Phenomenology is *pre-theoretical* in that the methodological assumption is discovery-oriented and non-speculative (Giorgi, 2008). But in order to assume the Husserlian attitude of the phenomenological psychological reduction, one must be able to identify one’s perspectives and expectations: To be able to bracket, one must know what it is one is bracketing. Clearly exposing the theoretical assumptions that motivate the present study helps the researcher reflexively sustain self-awareness for the epoché process, and contributes to the strength and transparency of the report. The theories that support this study are interpersonal neurobiology in conjunction with feminist theory, and the model used is Giorgi’s descriptive model. These theories are presented in the “Background of the Problem” section of this chapter, and further examined in Chapter 4.

**Limitations**

The purpose of this study is to present a richly detailed description of what it is like to be married to someone with Asperger syndrome. Several limitations of this study are accounted for by the research design. First, the study seeks to describe a psychological experience, but does not intend to develop theory, generalize, analyze, or explain (Finlay, 2012b). Second, depth research strategies employed in phenomenology, as opposed to sampling strategies, justify the fact that the number of participants is limited to 10 (Giorgi, 2012a). Finally, no men volunteered to participate in this study,
potentially a design-flaw limitation; however, previous AS research reveals a male-female diagnostic ratio of 8:1, suggesting that among the already limited AS adult population, there are very few NT men married to women diagnosed with AS. Moreover, the nature of this research design is such that it is the structure of the phenomenon that is sought, not the individualized experience of the phenomenon (Giorgi, 2012a). Future research might replicate this study, but select an all-male purposive sample, using a design that allows for hypotheses, comparisons, and analyses.

**Definition of Terms**

Beginning in the 1990’s, neuroscience research that was generated during the Decade of the Brain created a revolution in the realm of psychology/psychiatry, shifting away from the cognitive paradigm dominant at that time. The paradigm of bodily based emotions and psychobiological states that currently dominates in research and clinical models is referred to as *affective neuroscience* (Schore, 2012). Consequently, newly formulated terms describe unfamiliar concepts, and this list is an attempt to select the core constructs of affective neuroscience considered most relevant to the present study of neurodiversity in intimate relationships. A theoretical outcome of the affective neuroscience paradigm is a greater awareness of the intrinsic intersubjectivity of the human brain and its fundamental role in social interaction; thus, key constructs of interpersonal neurobiology are presented here as well. Finally, familiar terms, such as *relationship* or *brain* for which definitions are generally assumed, are rejuvenated based on current understanding contextualized within the affective neuroscience paradigm.
Abuse: the emotional, physical, sexual, or verbal mistreatment of one person by another; an example of impaired integrative communication in which an individual’s needs are not honored and compassionate connections not cultivated (Siegel, 2012b).

Affect: refers to the way an internal emotion state is externally expressed (Siegel, 2012b).

Affective deprivation disorder (AfDD): a specific relational disorder caused by enduring relational dysfunction in reaction to a chronic lack of emotional reciprocity; symptoms include undermined self-esteem due to persistent lack of emotional validation, anger, depression, anxiety, guilt, confusion, depersonalization, agoraphobia, fatigue, migraines, weight gain or loss, sleep disturbances, and hormonal imbalance (Aston, 2011; Attwood, 2008; Lorant, Doonan, & Okada, 2011; Simone, 2009; Simons & Thompson, 2009; Weston, 2010).

Affective neuroscience: a theory of developmental neuroscience based on the principle that “the self-organization of the developing brain occurs in the context of a relationship with another self, another brain,” shifting emphasis from the development of more complex cognitions to the development of the communication and regulation of affect, a process maintained via attachment relationships throughout the lifespan (Schore, 2012, p. 342).
Alexithymia: from Greek *a* (lack) + *lexis* (word) + *thymos* (emotion), refers to a stable personality trait characterized by impairment of the ability to identify, describe, and express one’s own feelings and emotions (Taylor & Bagby, 2013).

Amygdala: cluster of neurons located in the brain’s limbic area, involved in processing social signals, appraisal of meaning, activation of emotion, and coordinating perceptions of memory and behavior (Siegel, 2012b); has a high density of opioid receptors related to bonding and attachment behavior (Cozolino, 2010).

Anterior cingulate cortex: coordinates the registration of bodily states, the linkage of thinking with feeling, conceptualization of social interactions, and focus of attention (Siegel, 2012b).

Anterior insular cortex: is involved in empathy, fairness, cooperation, and the approach-related emotions, e.g., compassion, admiration, unconditional love, romantic or maternal love; also involved in perception of un reciprocated cooperation and unfairness associated with negative emotions, e.g., sadness, anger, disappointment (Lamm & Singer, 2010).

Anxious sense of self: refers to “the inner state of being without a coherent sense of identity, often fraught with feelings of anxiety or agitation without an internal clarity” (Siegel, 2012b, p. A1-5).

Asperger syndrome (AS): a subtype of autism spectrum disorder distinguished from autism by normal to high intelligence, normal language development, a higher
incidence of dyspraxia (WHO, 1992), is diagnosed much later in childhood, if diagnosed at all.

**Attachment theory:** a theory of personality development based on the importance of early relationships to emotional well-being and sense of self (Safran & Kriss, 2014), founded on the premise that emotionally relevant relationships have a fundamental, evolutionary survival function (Kurth, 2013), and that these attachment relationships are formed throughout the lifespan through communications that are not transmitted through language or semantics, but via nonverbal, social-emotional, bodily-based cues (Schore, 2012).

**Attributional style:** refers to an individual’s characteristic way of explaining events, considered one of the social cognitive faculties (Lugnegard, Hallerbäck, Hjärthag, & Gillberg, 2013).

**Autism spectrum disorder (ASD):** from Greek *autos* (self), a neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationships; diagnosis also requires the presence of restricted, repetitive patterns of behavior, interests, or activities (APA, 2013, p. 31).
**Autonomic nervous system**: responsible for the bodily based/somatic aspects of emotion in connection with the emotional processing of the brain’s limbic system (Schore, 2012).

**Brain**: refers here to a fully embodied, interconnected whole, including peripheral and autonomic nervous systems, immune and endocrine systems, physiology, e.g., heart, or gut, and movement (Siegel, 2012b).

**Compassion**: from Latin *com* (with) + *pati* (suffer) refers to deep feelings of care and concern for others and their welfare, coupled with a desire to alleviate their suffering (Lamm & Singer, 2010)

**Disability**: a restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (WHO, 1992, p. 13).

**Disorder**: a clinically recognizable disturbance in cognition, emotion regulation, or behavior that interferes with the performance of social roles within the family or workplace, causing significant distress (WHO, 1992; APA, 2013).

**Dyadic expansion of consciousness model (DECM)**: a theory of lifespan development that takes into account the human motivation to seek emotional connection and intersubjectivity; posits that each individual is a self-organizing system that creates its own states of consciousness which can be expanded into more coherent/complex states in collaboration with another self-organizing system; the co-creation of new meanings leads to an emotional experience of wholeness and growth, marked by positive affect, with effects on psychobiological function, e.g.,
physiological, neuronal, neuronal group, whole brain processes (Tronick, 1998; 2005; 2007).

**Dyadic regulation:** the process of monitoring and modifying internal affect or arousal states through attuned communication between two people (Siegel, 2012b).

**Dysregulation:** an outcome of impaired integration, refers to the “inability to attain proper coordination and balance within a system (body, mind, group) leading to excessive arousal or insufficient arousal that are both outside a window of tolerance” (Sigel, 2012b, p. A1-25).

**Embodiment:** a core component of empathy, Edith Stein’s (1917/1989) phenomenological concept posits that consciousness, the “I” and one’s living physical body are indissoluble, and that phenomena are given to consciousness through bodily perception.

**Emotion:** from Latin *e movere* (to move/evoke motion), refers to an adaptive form of information-processing and action readiness that orients to the environment and promotes well-being; serves to connect one mind to another, playing a fundamental role in the construction of the self, as a key determinant of self-organization (Greenberg, 2006, p. 87; Siegel, 2012b).

**Emotion regulation (ER):** refers to “the processes by which individuals influence which emotions they have, when they have them and how they experience and express these emotions” (Decety, 2007, p. 260, citing Gross, 1998).
**Emotional contagion**: refers to the capacity to automatically resonate with others’ feelings, often without awareness, a process that may involve mimicry in the form of facial expression, vocalizations, postures and movements (Singer, 2006, citing Hatfield, Cacioppo, & Rapson, 1994).

**Emotional intelligence**: refers to the ability to understand and manage the impact of emotion on one’s own and others’ thoughts and behaviors (Goleman, 2006).

**Empathy**: an emotional response produced by the emotional state of another, that necessarily involves four fundamental components: physiological synchrony resulting in shared representation, the ability to distinguish between self and other, the mental flexibility to adopt the other’s subjective perspective, and the capacity to regulate one’s own emotional state (Decety, 2007).

**Feeling felt**: the fundamental sensation that another person has accurately sensed one’s own internal feeling (Siegel, 2012b).

**Handicap**: the disadvantage for an individual that prevents or limits the performance of a role that is normal for that individual (WHO, 1994, p. 13).

**Hippocampus**: essential for encoding and storing explicit memory required for conscious organization of experience, autobiographical memory/construction of narrative self, emotional regulation, self-identity, transmission of culture (Cozolino, 2010).
**Impairment:** Loss or abnormality of structure or function that is psychologically manifested by interference with mental functions such as memory, attention, and emotive functions (WHO, 1992, p. 13).

**Interpersonal neurobiology (IPNB):** a broad interdisciplinary field that emerged from the Decade of the Brain, refers to the science that explores the nature of what it means to be human (Siegel, 2012a, p. 3)

**Joint attention:** a conjointly orchestrated shift of a focus of reference, whereby one person shows something to another and is interested in the other person’s reaction (Hobson, 2012), an important form of social referencing (Siegel, 2012b).

**Limbic system:** refers to the areas of the brain that process emotional information, in connection with the autonomic nervous system responsible for the bodily based/somatic aspects of emotion (Schore, 2012).

**Marriage:** “the state of being united to a person of the opposite sex as husband or wife in a consensual and contractual relationship recognized by law; the state of being united to a person of the same sex in a relationship like that of a traditional marriage” (Merriam-Webster, 2014).

**Mentalization:** a core element of self-organization and social functioning, refers to the capacity for self-reflection as well as the ability to reflect on other minds, and distinguish between one’s internal and external world (Fonagy, Gergely, Jurist, & Target, 2002).
Mind: an embodied and relational process that regulates the flow of energy and information (Siegel, 2012a, p. 3).

Neglect: considered the most severe form of abuse (NSCDC, 2012), refers to the deprivation of individualized relational responsiveness, with serious psychopathic and physiological consequences that can lead to mental/developmental disorder, illness, and death (Nelson, Fox, & Zeanah, 2014).

Neurotypical (NT): refers to non-pathological brain development (Tantam, 2013), commonly used to differentiate between those who do and those who do not have AS, primarily for the purposes of writing (Edmonds & Worton, 2006). Some authors prefer to frame this distinction as neurodiversity to avoid value judgment connotations of normalcy (e.g., Mendes, 2013; Myhill & Jekel, 2008).

Nonverbal communication cues: refers to the primary means by which people communicate with each other that include visual/face-to-face, tactile/gestural, tone of voice emotional expressions, and timing and intensity of response, as opposed to linguistic or semantic modes of transmission (Schore, 2012).

Pheromone: from Greek pherein (to carry) + -mone (as in hormone), refers to tiny airborne molecules of varying chemical composition, which are formed in the skin of feet and hands, urine, breast milk and sweat, transmitted between individuals, received through the nose, that play a role in sexual development and behavior, bonding and attachment (Uvnäs Moberg, 2013).
**Plasticity:** refers to the brain’s developmental ability to modify neuronal connectivity, neuronal expansion, neurogenesis, and epigenetic programming, in response to experience across the lifespan (Cozolino, 2010).

**Prefrontal/Frontal cortex (PFC):** involve the behavioral and emotional executive functions, including planning, strategy, working memory, behavioral response, attention (Siegel, 2012b), mentalization (Singer, 2006), learning social roles, perspective taking, empathic abilities, assessment of consequences of actions about to be performed, somatic and emotional information processing, expressive speech, fine motor control (Cozolino, 2010).

**Primary care giver:** refers to the one person towards whom an infant moves to seek external psychobiological regulation when in distress (Schore, 2012).

**Relational disorder:** a persistent and painful pattern of feelings, behavior, and perceptions involving two or more individuals in an important personal relationship, the effects of which seriously impair physical health and psychological adjustment; its role in relapse has been recognized in disorders such as schizophrenia, eating disorders, and major depressive disorder (First et al., 2002); the disorder is situated in the bond between individuals, rather than in the impact a disordered individual has on others (Simons & Thompson, 2009).

**Relationship:** the pattern of interaction between two partners, defined by the degree of influence each partner’s behavior has on the other partner’s subsequent behavior, with each interaction episode impacting future episodes (Reis, Collins, &
Berscheid, 2000); the influence of relationship on human development is no more important in childhood than it is elsewhere across the lifespan. It is the nature of the impact that differs depending on age and developmental status (NSCDC, 2004).

**Social cognition:** an umbrella term that refers to the mental operations essential for understanding social information, including *theory of mind, attributional style,* and *social perception* (Lugnegard et al., 2013).

**Social intelligence:** based on social cognition functioning, refers to an individual’s ability “to understand social interactions and engage in adaptive ways with others in social situations” (Siegel, 2012b, p. A1-28).

**Social perception:** refers to the specific abilities, e.g., emotion perception, social cue recognition, and facial affect recognition that enable social cognition (Lugnegard et al., 2013).

**Social support:** refers to a complex phenomenon that plays an important role in psychological well-being; involves “information from others that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligations” (Pisula & Lukowska, 2011, p. 188, citing Taylor et al., 2003).

**Sympathy:** from Greek *syn* (together with) + *pathein* (to experience) refers to feeling concern for another’s suffering; people can show sympathy yet lack empathy (Tantam, 2013).
**Syndrome:** a constellation of clinical features that happen to co-occur (Hobson, 2012).

**Theory of mind (ToM):** refers to the ability to accurately “ascribe desires, feelings, thoughts and beliefs to others, and to employ this ability to interpret, anticipate, and influence others’ behavior” (Sharp & Vanwoerden, 2014, p. 79, citing Sharp, Fonagy, & Allen, 2012).

**Role of the Researcher**

The investigator herself is the instrument of research (Ponterotto, 2011, citing Morrow, 2005), whereby knowledge is produced socially (Kvale & Brinkmann, 2009). Regarding the production of knowledge using qualitative research interviews, Kvale and Brinkmann hold that the quality of the data generated depends both on an interviewer’s skill and on subject matter knowledge. Concerning the present study, the researcher has acquired an extensive familiarity with the extant research literature concerning AS/ASD, which includes attending presentations given by recognized specialists in the field. Hill et al. (2005) recommend conducting a thorough literature review before data collection, to identify what remains unknown and inform the research questions and interview protocols.

In phenomenological research, the topic studied is of personal significance to the researcher, and it is expected that one’s personal history is what brings the topic into focus (Moustakas, 1994), as is the case for the present study. Three decades of marriage to a spouse with AS could be considered from this researcher’s lens as a single-case longitudinal study encompassing every aspect of daily living, of special value in
understanding the problem, since (a) much of married life will never be accessible to outside observation, and (b) the researcher’s role was not that of an inside observer, so that a truly authentic lifeworld was preserved from any modification that comes from its being observed. Undeniably, says Giorgi (2012a, p. 59) “the research situation can never be identical to its lifeworld counterpart.”

Inevitably, then, this researcher brings her subjective self into the research in a special way, and accepts the risk of researcher bias. Bias is defined as “personal issues that make it difficult for researchers to respond objectively to the data” (Hill et al., 2005, p. 197, citing Hill et al., 1997). Self-awareness and bracketing measures allow the researcher to suspend theories, assumptions, and judgments to view the phenomenon with “curiosity and disciplined naïveté” (Finlay, 2011, citing Giorgi, 1985). The bracketing process entails the capacity for “distinguishing the past from the ongoing [research] experience” (Giorgi, 2012a, p. 93), and several specific strategies were employed here to sharpen the researcher’s awareness of this distinction.

First, the self-care habits required of health professionals for ethical reasons were carefully maintained throughout the data collection and analysis phases of the study. Self-care optimizes researcher vigilance vis-à-vis the potential for emotional triggering, and sharpens insight of what is past and what is present. Self-care strategies included fitness, diet, sleep, friendship, and creativity. A second strategy to actively bracket the researcher’s feelings and experiences took place upon completion of each interview, as well as during the transcription of each interview; since each interview was transcribed immediately following its completion, the researcher noted if probes were leading and
systematically explored occurrences of possible temptations to let past knowledge of the phenomenon be engaged in the inter-subjective research experience (Giorgi, 2012a).

Finally, a therapeutic source was useful throughout the interview process, since the topic touches the researcher personally; an experienced professional provider of psychological support who specializes in NT/AS relationships was available for therapy sessions with the researcher.

The attitude of phenomenological reduction assumed by the researcher is one of the fundamental tenets of this method of qualitative inquiry. To conduct a descriptive phenomenological interview, the researcher must resist positing whatever is given by the participant as actually existing in the way it was presented; in addition, no previous knowledge about the phenomenon under study should be allowed to account for what is presented (Giorgi, 2012b). This form of humility toward another’s experience as it is given allows the researcher to use the reason of the heart as a richer rationality to open up to the event of the unknown Other (Becker, 2011, citing Marion, 2003/2008). Marion identifies the phenomenological necessity of a radical reduction to the given as love, and Becker explains that love is required for a greater “unknowing” of the other. In fact, being sensitive to the inestimable privilege it is for the researcher when participants share their personal lives with them is an ethical responsibility (Finlay, 2011).

**Rigor, Relevance, Resonance, and Reflexivity**

Finlay (2011) explains that evaluation criteria are useful in demonstrating the value of qualitative research as a valid modality of inquiry, and for this purpose, Lincoln
and Guba (1985, cited by Finlay) proposed credibility, dependability, transferability, and confirmability, in direct parallel to the quantitative criteria of internal validity, external validity, reliability, and objectivity (Morrow, 2005). In the phenomenological field, Finlay (2011, citing Finlay & Evans, 2009) proposes rigor, relevance, resonance, and reflexivity as criteria to evaluate a study. **Rigor** in this case is enhanced by ensuring that the research methods remain consistent with Giorgi’s (2012a) descriptive phenomenological research model. **Relevance** is reflected in the contribution that it seeks to make by filling a gap in the literature, so as to enrich our understanding and capacity to support NT/AS couples. **Resonance** is pursued using effectively communicated results that draw the reader in emotionally (also, Ponterotto & Grieger, 2007). The point could be made that it is the characteristics and content of publishable qualitative writing that help ensure the study’s credibility, e.g. those suggested by Ponterotto and Grieger: owning one’s perspective; situating the sample; grounding in illustrative examples; and, presenting integrated results as opposed to simply listing and describing themes. Finally, **reflexivity** refers to the moral qualities of the researcher that include self-awareness, ethical integrity, acknowledging the limitations of the findings, and checking potential abuse of power.

**Organization of the Remainder of the Study**

The body of this study adheres to the traditional five-chapter dissertation model. Chapter 2, the Literature Review section, presents current research published on the topic of adult romantic love, offers a critical synthesis of the articles that address marriage to someone with Asperger syndrome, and identifies an important gap that needs to be

42
addressed. Chapter 3, the Methodology section, outlines the procedures aligned with phenomenology that were implemented for data collection and analysis in order to describe what it is like to be married to someone with Asperger syndrome. Chapter 4, the Data Collection and Analysis section, explains the researcher’s interest in the topic and personal motivation that inspired the project, further examines phenomenological and feminist design elements applied to the study, offers detailed demographic information to situate the sample, and sequentially organizes the data in the form of descriptive meaning units. In Chapter 5, the Results, Conclusions, and Recommendations section, a personal interpretation of the results in terms of universal essences serves to answer the question, situates the conclusions within the literature, underscores limitations, and proposes recommendations for intervention.
CHAPTER 2. LITERATURE REVIEW

Chapter 1 outlined the purpose of the present phenomenological study, which is to investigate what it is like to be married to someone with Asperger syndrome (AS). The aim of Chapter 2, the Literature Review, is to describe and evaluate the various literatures and bodies of research that were consulted in the preparation of Chapters 1 and 3 to support the choice of topic and methodology. The literature review is organized around the theoretical framework of attachment theory and its contemporary regulation theory paradigm grounded in interpersonal neurobiology, which served to generate the research question. A critical synthesis presents current research published on the topic of romantic love in adulthood relevant to the topic of marriage to someone with AS, and a significant void in the extant knowledge base is identified.

Introduction to the Literature Review

Chapter 2, the Literature Review, is comprised of six sections, beginning with this Introduction. “Theoretical Orientation for the Study” poses the conceptual framework of attachment theory as a lifespan developmental model, and leads the reader to its current intersection with affective neuroscience. From the perspective of affective neuroscience, “Review of Research Literature Specific to the Topic” foregrounds current empirical, theoretical, and practice literature associated with the key variables involved in adult
romantic attachment formation of relevance to autism. “Synthesis of Research Findings” examines several leading theories regarding the core features of autism in relation to specific constructs of interpersonal neurobiology. “Critique of Previous Research” analyzes the methodological strengths and limitations of the reviewed research that support the present study by identifying an important knowledge gap, and a “Summary” draws conclusions from the previous literature to further support the study.

Search Methodology & Criteria

For this review, the literature search was conducted from March, 2010 to August, 2014, as the adult AS literature slowly grew. Discipline-specific databases\(^1\) were accessed to systematically and critically evaluate peer-reviewed, scholarly articles pertaining to love, marriage, attachment theory, adult Asperger syndrome, and NT/AS couples counseling. Throughout the search process, the researcher’s physical attendance at professional conferences on adult Asperger syndrome, attachment theory, interpersonal neurobiology, trauma, feminist theory, and phenomenology grounded investigative focus in the newest primary research presented by international scholars. In addition, professional training certifications during this period provided relevant clinical material that also contributed to identifying the gap which the present study serves to address.

\(^1\) These included Academic Search Premier, CINAHL Complete, Credo Reference, Dissertations and Theses Full Text, Dissertations @ Capella, eBooks on EBSCOhost, ebrary, Google Scholar, LexisNexis Academic, ProQuest Medical Library, ProQuest Psychology Journals, PsycARTICLES, PsycBooks, PsycINFO, PubMed Central, SAGE Journals Online, ScienceDirect, SocINDEX with Full Text, and Summon.
Theoretical Orientation for the Study

Happiness researcher Daniel Gilbert holds that the single best predictor of human happiness is the quality of social relationships (Munsey, 2010). Concurrently, multidisciplinary research increasingly supports the view that human behavior and development across the lifespan are most accurately understood within the context of social relationships (Reis, Collins, & Berscheid, 2000; Seligman & Harrison, 2012; Wachtel, 2010). If social relationship satisfaction is in fact vital for physical and mental health (Beckes & Coan, 2011; Berscheid, 2010; Brooks, 2012; Heinrich & Gullone, 2006; Reis, Aron, Clark, & Finkel, 2013)—increasing survival rate by 91% and more crucial to physical health than quitting smoking, exercising, or combatting obesity (Horstman, 2012)—then it is no surprise that relational distress is the most cited reason for seeking psychotherapy (Gurtman & Lee, 2009).

The current trend over the past several decades, however, is toward greater social isolation as both the quality and the quantity of social relationships in industrialized countries is decreasing, influenced by geographic mobility, reduced intergenerational living, delayed marriage, single-residence households, and dual-career families (Holt-Lunstad, Smith, & Layton, 2010). We simply have fewer opportunities to develop and maintain deeply meaningful bonds of love. Yet in studies of happiness, life satisfaction, and positive emotions, it is love that emerges as one of the most important predictors of global happiness. For example, in a study by Riehl-Emde, Thomas, and Willi (2003), love ranked as the highest variable associated with married couples’ global well-being,
and the preeminent motive for remaining married, above such factors as compatibility, individual growth, sexuality, finances, or loyalty and support.

**Born to bond.** Displaying an array of proximity-seeking behaviors at birth, humans are “born to bond” (Fletcher, Simpson, Campbell, & Overall, 2013, p.99), seeking stable relational bonds throughout their lives and, according to a variety of religious beliefs, even after death. Perhaps “conceived to bond” might be more accurate, since social behavior emerges before birth. To illustrate, starting from the 14th week of gestation in utero, Castiello et al. (2010) observed motor-coordinated, goal-oriented movements of intra-pair contact specifically directed between twins, the proportion of which increased over time while self- and uterine-directed movements decreased. Thus, for the first time, quantitative empirical data were found to support a congenital propensity for sociality (Castiello et al., 2010).

But, few would dispute that love is a fundamental aspect of the experience of being human. While championed as the highest goal of human existence by many (Neto, 2010; Oord, 2012), it seems paradoxical that the theme “love” is rarely addressed in couples’ therapy, supplanted by a generic focus on communication (Riehl-Emde et al., 2003). Relationship science remains a very young discipline (Reis et al., 2013), undoubtedly bridled by the significant difficulties that have persisted in attempting to explicate the love construct or in developing measurement tools beyond global self-report (Berscheid, 2010; Bodenheimer, 2011; Graham, 2011). Importantly, the way the nature of love is framed will guide beliefs and behaviors, research designs and results, therapeutic models and outcomes. An influential precursor to a working love construct, Margarete
Hilferding was the first theorist to launch a two-person psychology, remarkable in an era of nascent one-person drive theory (Balsam, 2012), and a developmental conceptualization of relevance to the present study.

**Human development is interpersonal.** Wife, mother, practicing physician, and analytic colleague of Freud, Hilferding’s focus on mother-infant psychic reciprocity and its importance for the growth and emotional health of both partners foreshadows contemporary developmental affective neuroscience research and clinical practice. Based on abundant obstetric observation in her medical practice, and perhaps influenced by her own embodied maternal experiences, her paper “On the Basis of Mother Love” proposed an elaboration of Freud’s Oedipus postulate, stating “if we assume an oedipal complex in the child, it finds its origin in sexual excitation by way of the mother, the prerequisite for which is an equally erotic feeling on the mother’s part” (cited in Balsam, 2003, p. 310). Hilferding posited (a) the inexistence of an innate maternal instinct, (b) non-deranged mother hostility toward her child, and (c) the embodied sexual nature of maternal involvement with her child (Balsam, 2012, 2013).

As an interactive stimulus to her child’s responsive Oedipus complex, mother-love could be acquired with experience in libidinal physical reciprocity, by way of bodily pleasures directly related to her feminine sexuality: in utero fetal movements, touch, milk production, suckling, and physical care of the infant. As a result, the bonding process would thereafter become second nature, when these memories of intimacy were ignited with her subsequent children. Hilferding’s revolutionary observations were astutely prescient, and will be amply supported by future findings regarding the
neuropsychophysiologic mechanisms of human bonding outlined further in this review. A contemporary case in point, the role of perinatal oxytocin release in mother-infant bonding behavior is now well-established by the research of developmental neuroendocrinologists C. Sue Carter in the U.S. (1998), Ruth Feldman in Israel (2012), and Kerstin Uvnäs Moberg in Sweden (1990). These visionary researchers and many others since have found robust brain-body correlates between human infant-maternal and sexual bonding mechanisms.

At the psychoanalytic level—almost a century after Hilferding’s paper—Laplanche conceptualizes the mother-infant developmental process from nonsexual instinctual behaviors into a driven adult psychosexuality:

In essence, Laplanche suggests that the driven quality of human psychosexuality, its nonfunctional character and the sense of mystery that tends to surround it, comes from the sexualization of the frustrated excitement felt by the infant at moments of object loss. The object of excitement becomes the desire for the idea of the lost object. It can never be found, but the search for it permeates human sexuality. The mother sexualizes the infant’s arousal, unconsciously seducing him, leaving the infant with a sense of inaccessible meaning (what Laplanche calls enigma) that will imbue all subsequent erotic experience with mystery. Laplanche boldly asserts that the mother’s unconscious seduction of the infant converts nonspecific instinctual excitement to an autoerotic moment. (Laplanche, 1995, cited in Fonagy, 2008, p. 18)

Thus, as Fonagy (2008, p. 17) clarifies, “psychic life is built up out of representations of the physical experiences of the child, whose sensorimotor experiences constitute the basis for conceptualizing.” That this developmental trajectory will lead to the sensorimotor embodied experience of adult psychosexuality is grounded in mind-body principles of...
affective neuroscience, forming a bridge between attachment theory and psychoanalytic thought (Fonagy & Target, 2007).

Contemporary feminist philosopher Julia Kristeva advances her own psychoanalytic theory of full-bodied motherhood. Evoking infantile sexuality, and denouncing current psychoanalytic theory’s exclusive attribution of sexuality to the lover, Kristeva seeks to “give back to maternal eroticism its biopsychical complexity—for the well-being of the child no less than for the emancipation of the woman—in and through the maternal” (Kristeva, 2014, p. 71), a phenomenon she calls la reliance. Indeed, Kristeva (1993/1995) denounces what she sees as a relegation of the feminine to nonexistent in the usurpation of reproductivity by productivity. For her, the new feminism uses modified codes of language that are stylistically intertwined with embodied emotion, as attempts this phenomenological study in conjunction with its interpersonal neurobiology framework.

**Lifespan development is interpersonal.** Researcher, bestselling author, professor, clinician, lecturer, wife, and mother, it is Charlotte Bühler who introduced lifespan development into mainstream psychology (Woodward, 2012) pioneering innovative research designs to build her lifespan model, in the form of in-home and clinical observation, biographical, and autobiographical data analysis. Among her numerous accomplishments, she was able to show evidence of distinctive intentional activity and relational styles in infants who, contrary to tabula rasa beliefs at the time, manifested personal patterns of curiosity, social interest, and delight in achievement (Ash, 1987). From her groundbreaking use of biographical interview data enriched with
adolescent diaries (O’Connell & Russo, 1990) emerged her model of human lifespan development (Bühler, 1961); beginning with the very old-aged—also a first—and working backwards, she provided empirical support of her thesis positing human development as a process of psychological growth and purposeful activity beginning in infancy and extending throughout the entire lifespan (Gavin, 2004; Korostoliev & Tsering, 2010; Schenk-Danzinger, 1963).

Bühler was the first to empirically examine the role of family relationships in children’s character development, which she did by taking an active part in daily activities as a member of participant families within their naturalistic home environment. Particular attention was given to patterns in attitudes of love, expressions of affection, approach behaviors, requests to give or receive help, and mutual caregiving. Significant for the present study, her basic assumption reflects the importance she attributed to the role of early parent-child relationships on personality development, especially as concerns love. Bühler’s study was the first quantitative attempt to evaluate the basic social structure of family life from a developmental process perspective (Bühler, 1940/2013, 1st ed. 1933), a project that Mary Ainsworth will expand more than thirty years later, also from a framework of love (see Ainsworth, 1967).

Jacobsen (2007) points out that what distinguishes Bühler’s developmental model from others such as Erikson’s is that it is phenomenological, rather than theoretically derived. Interestingly, the theme that emerged from her biographical research was that of intentionality (Bühler, 1968), a psychological construct particularly developed in Husserl’s philosophy, and one that will undergird her lifework (e.g., Bühler, 1968).
Intentionality she saw as the existential concept of *choice*, operationalized in terms of goal setting motivated by values, which she defined as “preferential potential goals” (Kass, 2014, citing Bühler, 1960), a construct identified by Greenspan and Wieder (2009) essential to the developmental trajectory of autism.

The first president of the American Association for Humanistic Psychology (Sutich, 1963), Bühler contributed completely original work on the development of one’s sense of self (e.g., Bühler, 1962), a core concept in understanding autism, the developmental disorder named from the Greek *autos* “self.” From her studies of what constitutes the good life, it is love that emerged as its most essential goal. To give and receive love was the measure most frequently cited by questionnaire participants to evaluate one’s sense of fulfillment in life (Bühler, 1963). Referring to this existential core of Bühler’s work (see Bühler, 1961), Jacobsen (2007) highlights the urgent necessity for the discipline of psychology to devote much more attention to the subject of love. The present study aims to respond to this call by examining the lived experience of spouses married to someone diagnosed with Asperger syndrome.

**Attachment Theory**

Decades before attachment theory found its research paradigm, Charlotte Bühler had pioneered an exemplary variety of ethical and non-invasive research designs to qualitatively and quantitatively examine the effects of interpersonal relationship patterns on lifespan personality development. Like Bühler, his precursor, John Bowlby emphasized observable and quantifiable human interactions, rather than the speculative intrapsychic inferences of mainstream psychoanalysis espoused by his colleagues.
(Coates, 2004). What was missing was a model that could illumine the effects on personality development of maternal deprivation in early childhood, and a method that could quantify separation behaviors in terms of distress and despair response—an ethical conundrum. Originally referred to by Bowlby (1958) as “child’s tie to his mother,” the child psychiatrist viewed his theory as a specific biological protection mechanism, rather than a construct of love, considered far more complex in Bowlby’s view (2005).

**Attachment patterns in infants.** Over the span of a fruitful 40-year collaboration, it is Mary Ainsworth, a developmental psychologist, who created an ethically sound experimental design to observe separation anxiety in the laboratory. Grounded in meticulous observation of human mother-infant interaction in naturalistic settings, the “Strange Situation” demonstrates the link between a child’s separation-reunion behavior in the laboratory and the type of relationship the child has with its mother in the home (e.g., Ainsworth, Bell, & Stayton, 1969). The now classic classification system, *secure, avoidant* and *ambivalent* attachment patterns, has widely served research in a multitude of areas, and Ainsworth’s methodology has become the major experimental paradigm for attachment research (Cassidy & Shaver, 2008; Schore, 2000).

**Attachment patterns in adults.** Instrumental to the study of marriage, it is Mary Main and her colleagues who were able to demonstrate that internal working models of attachment could be measured in adults (Zeanah et al., 1997). Devising a semi-structured interview that elicits adult narratives of their childhood relationships, principally with their parents, Main found that attachment patterns emerged as a function of narrative
Thus, attachment security is reflected in the capacity to verbalize and examine early attachment experiences, based not on the content of the relationship history, but rather on the degree that self-representation and relationship roles appear organized (Sochos, 2013).

Research supports Main’s assumption that adult attachment patterns are similar to those developed in childhood, and the distribution of secure (55-59%), avoidant (25%), and anxious (11-20%) is roughly equivalent, based on a nationally representative sample of American adults (Mickelson, Kessler, & Shaver, 1997). Interestingly, Main found an impressive association between parents’ internal working model and the attachment styles of their children (Hazan & Shaver, 1987, citing Main, Kaplan, & Cassidy, 1985). Relative to the present study, the importance of Main’s contribution lies in providing the final step to testing attachment theory from infancy to adulthood allowing researchers to conceptualize and measure romantic love as a dynamic attachment process across the lifespan. This approach was made possible by Bowlby’s working-model construct, the basis of this theory.

**Working-model construct.** For Bowlby, early attachment disruption incurred the risk of translation into a relationship representation that would be repeated across the lifespan, an original fundamental concept he termed *internal working model* (Bretherton & Munholland, 2008; Sochos, 2013). The genesis of internal working models, their influence on personality development, and their significance to mental health is particularly well articulated by Magai and McFadden:
Bowlby (1973) introduced the concept of “working models” as a means of conceptualizing the way in which the brain receives, stores, and processes information about the environment in relation to an individual’s coping ability. Young children, he believed, come to elaborate internal working models (affective/cognitive representations) of the attachment figure and of close relationships in general in the course of early development. Over time multiple working models of other significant individuals in the child’s environment also come to be elaborated. These representations become further internalized and incorporated into an individual’s sense of self and sense of self-in-relation. Working models then come to constitute a central component of personality, organizing thoughts, emotions, and behaviors relevant to the attachment object as well as the self. (Magai & McFadden, 1995, pp. 52-53)

It is, then, the influence of attachment relationships on personality development across the lifespan that is the core of Bowlby’s developmental theory, whereby early childhood attachment experiences greatly affect one’s expectations of finding a mutually rewarding attachment relationship in adulthood, as well as one’s degree of competence in initiating and maintaining that relationship (Bowlby, 2005). Because Bowlby’s premise considered the mother-infant bond to create the nexus underlying all subsequent relationships, a premise robustly supported by the literature, attachment theory has been highly influential in romantic love and marriage research (Johnson, 2013).

Indeed, attachment theory has since become one of the major research paradigms in the field of psychology (Holmes, 2014). As a model that serves to measure human behavioral processes of love and their neurobiological substrates, Carter (1998) operationalizes attachment as proximity seeking in relation to a selective social bond. Holmes describes the phenomenon as “the drive to relate” (p. xiii). For John Bowlby (2005), his theory pertained specifically to a strong and persistent affectional bond.
between two individuals, the essential feature of which is that both members tend to
remain in proximity to one another, elicit proximity-keeping behavior in the other, and
strenuously resist third-party attempts (including death) to separate them. An aspect of
attachment theory that is particularly significant for this study, Bowlby (1952) considered
that impairment in the capacity for affectional bonding is always a feature of psychiatric
illness, a feature often long-lasting and severe.

Review of the Research Literature Specific to the Topic

Marriage as Attachment

In adulthood, it is the marital bond, or equivalent, that most often provides the
fulfillment of attachment needs (Heinrich & Gullone, 2006), in response to the human
yearning for a reciprocated sense of worth, the warmth of connectedness, and frequent
confirmation of one’s identity (citing Rokach, 1989). Indeed, as a pair-bonding species,
worldwide, the vast majority of adults marry (UN, 2011), and couples across cultures
practice monogamy, with 50-75% of couples in most countries choosing to mate for life,
despite cultural allowances for polygyny (Fletcher, 2002, citing Fisher, 1992). On the
other hand, the majority of adult attachments do not entail romantic love, such as those
maintained between adult children and their parents, mentors, and close friends.
Nevertheless, current research confounds normative adult attachment with
psychosexuality (Berscheid, 2010).

propose a widely accepted working definition of romantic love as a dyadic relationship
characterized by three integrated components: (a) an attachment style; (b) giving and receiving care; and, (c) a sexual behavior system. If it is romantic love that characterizes stable adult pair-bonds and motivates couples to remain together for their lifetime, then it might not be surprising that in a random sample of 274 U.S. couples married between 10 and 30+ years, 40% of those couples reported being “very intensely in love” even into very old age (O’Leary, Acedevo, Aron, Huddy, & Mashek, 2012).

Using variables previously found to be linked with romantic love (e.g., Acedevo & Aron, 2009), the authors identified correlates of long-term intense love, in order of predictor strength: thinking positive thoughts about the partner; thinking frequently about the partner when apart; expressing affection physically through hugs and kisses; physical desire and frequency of intercourse; shared novel activities; general life satisfaction; and, for men, wanting to know the whereabouts of their wives. Among those spouses who reported no physical affection, none of these reported being intensely in love; frequent displays of affection emerged as a sine qua non for intense love, in line with previous findings (e.g., Berscheid, 2010, citing Caughlin & Huston, 2006). In fact, it is the absence of positive affect—not the presence of conflict—that Gottman and Levenson (2002, cited in Berscheid, 2010) found to be the strongest predictor of divorce in long-term marriages.

**Attachment Security and Relationship Satisfaction**

A secure attachment style is associated with the capacity for affectional bonding between two people (Bowlby, 2005), and represents roughly 55-59% of adult pair-bonding patterns in the U.S. (Mickelson et al., 1997). Aligned with the defining features
of Bowlby’s model, the behaviors reflective of attachment security involve (a) a secure base that affords engagement in activities involving temporary distancing from the partner; (b) proximity maintenance with resistance to separations; and, (c) a safe haven to turn to for comfort and reassurance (Hazan & Shaver, 1994). The three types of bonding strategies characteristic of a secure attachment style are positively associated with relationship satisfaction, and the literature offers a wealth of insight into the specific behaviors reflective of romantic stability, a relational profile that contributes to an understanding of what it is like to be married to someone with Asperger syndrome.

For example, Feeney and Thrush (2010) draw attention to the important role that a secure base plays in providing social support for a partner. Social support plays an important role in psychological well-being, whereby one feels “loved and cared for, esteemed and valued, and part of a network of communication and mutual obligations” (Pisula & Lukowska, 2011, p. 188, citing Taylor et al., 2003). Examined in terms of exploration through temporary distancing of the home base, based on Bowlby’s work, goal strivings are facilitated by specific types of behaviors on the part of the partner: the ability to convey availability when needed by the other; the provision of effective support in a non-intrusive way; and, the expression of acceptance and encouragement. These three components of support encourage exploration behaviors such as risk-taking, accepting challenges, or trying new things, and were found to contribute to partner’s learning, personal growth, sense of accomplishment, and self-esteem. Related core ingredients of attachment security include the ability to convey warmth, responsiveness,
unconditional acceptance, support of autonomy, sensitivity to a partner’s needs, reassurance, and a sense of safety (Mikulincer & Shaver, 2007).

Attachment security has been found to be associated with a number of prosocial behavioral patterns and physiological effects in couples, including: recovery from conflict between partners; predicts relationship stability after two years (Salvatore, I-Chun Kuo, Steele, Simpson, & Collins, 2011); authenticity and honesty for trust and commitment; reduces self- and other-deception more than positive mood priming (Gillath, Sesko, Shaver, & Chun, 2010); interactive psychobiological arousal regulation for stress reduction (Solomon & Tatkin, 2011); responsiveness (Feeney & Thrush, 2010) associated with compassionate goals, effective caregiving, improved mood, self-esteem, one’s perception of partner’s responsiveness (Canevello & Crocker, 2010); empathy and altruism (Mikulincer, Shaver, Gillath, & Nitzberg, 2005); and, mating and sexual reward (Hazan & Diamond, 2000).

In contrast, Gillath et al. (2010) posited that attachment insecurity increased dishonest behaviors such as lying and cheating and found it to be strongly related to interpersonal inauthenticity. The major finding of their study was the identification of the relation between attachment styles and specific behaviors. For example, power motivation was associated with avoidant attachment, and attachment anxiety was associated with lying to one’s romantic partner, as well as to achievement motivation. On the other hand, Rutter, Kreppner, and Sonuga-Barke (2009) challenge the assumption that
security/insecurity is the key feature of selective attachments, and posit that disorganized and disinhibited styles show a much stronger relationship to psychopathological trajectories.

Recent research reveals that attachment style—and the perception of one’s own attachment style—may change across the lifespan, although a fair amount of consistency is generally found between childhood and adult attachment measures (Stansfeld, Head, Bartley, & Fonagy, 2008). In a rare epidemiological study of attachment at midlife, Stansfeld et al. found that the proportion of secure attachment increased and anxious attachment decreased, a change that was associated with being married. Thus, if the experience of marriage may be positively associated with attachment security, perhaps partners’ internal working models are modified over time. That internal working models can be modified may help account for growing evidence of the effectiveness of attachment-based therapeutic interventions that target relationship quality, such as Fonagy’s psychoanalytical model of psychosexual enjoyment (Fonagy, 2008), grounded in interpersonal neurobiology.

As a psychiatric psychoanalyst, Bowlby considered his theory to offer clinical interest by providing a temporary attachment figure in the person of the therapist. The therapist would serve as a secure base upon which individual clients could re-work their internal working model, and apply these revisions to new relational experiences outside the session (Levy, 2013). Attachment theory having originated within psychoanalysis, the provision of a secure base by the therapist allows a client to carry over relational elements of the past, aspects of which are unconscious, displace them onto the therapist,
and assimilate new information into an existing intellectual structure (Gelso, Palma, & Bhatia, 2013); in psychoanalytic terms, the genuineness and realism of the real relationship, the principle of attachment security, provides the safe haven for the expression of client transference.

**Erotic intelligence.** An adult romantic relationship is usually differentiated from all other attachments by a sexual behavior system, one of the components of the working definition proposed by Shaver et al. (1988, cited in Berscheid, 2010), along with attachment and caregiving. In intimate love, sexual satisfaction is related to attachment security (Katehakis, 2010); to clarify, *intimacy* refers to the ability to share an honest, deep rapport with someone, and *sexuality* refers to the capacity for sexual feelings (p. 2); evocative of sensuous love, *Eros* is the Greek god of the powerful, creative life instinct that seeks to preserve mind and body (Merriam-Webster, 2014). For Katehakis, *erotic intelligence* is the experience of living well and loving well, where a sense of holiness infuses an authentic intimate relationship, leaving no space for shame.

In contrast, Neuroticism has been found to be the personality trait most strongly linked to negative marital outcomes (Fisher & McNulty, 2008, citing Karney & Bradbury, 1995). Neuroticism refers to “a general tendency to experience negative affects; people high in neuroticism are prone to have irrational ideas, be less able to control their impulses, and to cope more poorly than others with stress” (Fisher & McNulty, 2008, p. 112, citing Costa & McCrea, 1992). Given the robust association between sexual satisfaction and marital satisfaction, the risk to sexual satisfaction that neuroticism poses, and the mediating effect of sexual satisfaction on own and partner
neuroticism (Fisher & McNulty, 2008), it is the role of affect in attachment stability which emerges as a crucial element of the present study.

Attachment stability is related to the degree that lovers accept feeling vulnerable, because this form of open authenticity allows an emotional connection between two people (Johnson, 2004). Vulnerability is often equated with a state of defenselessness in the face of an attack, a weakness. But for Katehakis (2010), vulnerable surrender to another in the form of deep personal disclosure, candid self-awareness, openness to the unexpected, feeling feelings, and open-eyed gaze into each other’s soul, are the necessary components of unprotected genuineness essential for intimacy.

Without vulnerability there can be no empathy (Johnson, 2004). Without empathy, one’s partner will not feel acknowledged (Katehakis, 2010), or allowed to experience the profound bonding mechanism of “feeling felt”—the fundamental sensation that another persona has accurately senses one’s own internal feeling (Siegel, 2012b). Relevant to the present study, Katehakis cites three other “cornerstones of intimacy” in addition to empathy: (a) the self-knowledge necessary for taking a stand for what is true for oneself, while respectfully allowing a partner to do the same; (b) confronted with another’s feelings, the capacity to comfort one’s own anxieties before connection; (c) responsible discernment, which entails speaking up for oneself, taking responsibility for one’s behaviors, contributing to all interactions, and telling the truth even if it might be difficult for the partner to hear (p. 7).

From an attachment theoretical perspective, Fonagy (2008) proposes a developmental model of sexual enjoyment, based on the assumption that sexual feelings
are in all of us fundamentally dysregulated. It is the mirroring of affect, only made possible by a differentiated sense of self in adult sexual experience that serves to organize the psychosexual. For Fonagy, there are several psychological requirements involved for a sexual experience to be enjoyable—*enjoyment* for the author is equated with normal sexual functioning:

1. The relationship must permit opening one’s mind to an other’s projection, and here attachment history has a role through the experience of safety with the other. Each partner is, momentarily, both alone and fused with the other. Secure, playful, mutually mentalizing interaction with the caregiver, nurturing the imagination, is a key precondition of the kind of intersubjectivity that psychosexuality entails. Attuned secure parenting generates the interpersonal context for an erotically imaginative intercourse, while its content arises out of the adaptive mother-infant misattunement.

2. Normal psychosexuality also requires a solid sense of the boundary around the physical self. This is temporarily suspended, and there must be confidence that what is in momentary abeyance can be restored.

3. It follows from our hypotheses that reciprocity is key. If sexual excitement is generated through increasing awareness of the excitement of the other, genuine desire on both sides is essential. […] Without at least the appearance of mutuality in the physical act (which may often not entail mutuality at the level of underlying mental states), psychosexuality yields little enjoyment in individuals with normal sexuality. The pleasure is through the possession of the feelings and ideas that have originated in the self but consciously are recognized only as of the other.

4. The arc of psychosexual tension is resolved by reinternalization of the projected part of the self. In our view it is this reinternalization that promotes the development of strong attachment as the sequel of psychosexual experience. The experience of alien, split-off aspects of the self having been experienced and accepted by another mind generates intense feelings of bonding, belonging, understanding, and gratitude. (Fonagy, 2008, p. 26)
Thus, perceptible communication of sexual desire toward one’s lover requires relinquishing an illusion of control (Katehakis, 2010). A lover’s expression of desire conveys to the recipient that they are valued; cared for; a feeling that in turn activates the recipient’s desire and sexual response (a mechanism familiar to Don Juan). Love’s paradox, a genuinely vulnerable emotional connection is intertwined with a sense of embodied safety, bringing inner peace (Porges, 2012). Katehakis distinguishes desire, which is intrinsically truthful, relational and person-oriented, from the cue-triggered dopamine releasing stimulation-seeking of impersonal sex for sex’s sake typical of sex addiction. The one excludes defense mechanisms, the other serves them. Perhaps authentic intimacy as an attachment goal differentiates erotic and pornographic, gift and grasp, beauty and seduction, oath and simulation. Indeed, all erotic phenomena are borne by true love—I love, therefore, I am (Marion, 2008).

Marriage and the Brain

Simpson, Rholes, Campbell, Tran, and Wilson (2007) observed that many adults were able to overcome early childhood relational difficulties and insecure attachments through current healthy relationships. Caregiving behaviors were found to increase through contextual activation of attachment security, enhancing compassion, empathy, and altruism (Mikulincer et al., 2005). Furthermore, ongoing social interaction and interconnectedness between generations is recognized as a protective factor that favors optimal psychological health in late-life (Cozolino, 2008). These effects suggest that the human brain is plastic: Plasticity refers to the brain’s developmental ability to modify
neuronal connectivity, neuronal expansion, neurogenesis, and epigenetic programming, in response to experience across the lifespan (Cozolino, 2010).

Current neuroimaging research supports the attachment model, demonstrating some of the neural processes which help build and modify brains engaged in interaction (Siegel, 2012a). It may appear self-evident that early human relationships, for example, have great impact on an infant’s brain, but today we are aware of the transactional, modifying influence on an adult caretaker’s brain as well (Cozolino, 2010, citing Pawluski & Galea, 2006). Since it is now generally acknowledged that neurogenesis continues throughout adulthood (Rodriguez & Verkhratsky, 2011), having first been demonstrated by Eriksson et al. (1998), synaptic plasticity across the lifespan is therefore possible (Cozolino, 2008; LeDoux, 2002). In this way, the increasingly complex actualization of developmental functioning inherent in Bowlby’s theory operates throughout life (Siegel, 2012a).

**Brain development is interpersonal.** Importantly, whereas human consciousness is experienced from the perspective of an individual self, the underlying assumption of interpersonal neurobiology is that the brain, as a social organ, is largely dependent upon relationships for its development (Schore, 1994). Human relational interaction builds and constantly modifies brain structure. Each of us is embedded in a relational matrix and when we interact bi-directionally, each brain’s internal biochemistry is impacted at the cellular level, influencing cellular structure, internal biological states, and social behavior (Cozolino, 2014).
The Role of Emotion

An essential facet of attachment throughout the lifespan concerns affect regulation and emotional health, the foundation of which is the maintenance of comfortable and supportive relationships, the augmentation of personal adjustment, and the alleviation of distress (Mikulincer & Shaver, 2005). It is the proximity to caring and supportive attachment figures which provides protection, support, and relief in times of adversity (Johnson, 2013; Mikulincer et al., 2005). Depending on the emotional availability of each attachment figure, attempts to attain proximity, support and love require strategies that Mikulincer and Shaver (2005) identify as either hyperactivating strategies or deactivating strategies, depending on the regulatory goal. Psychopathology is thus conceptualized as one result of insecure or disorganized attachment, especially when combined with one other serious risk factor such as low IQ (Fonagy & Target, 2002).

The safe and supportive interpersonal environment provided by secure attachments ideally found in marriage or the therapeutic alliance, for example, is thought to create optimal neural plasticity manifested as empathic attunement (Cozolino, 2010). Feeling felt, that is, sensing when someone else feels one’s own feelings, fosters mutual affect regulation whereby enjoyable positive emotions are amplified and unpleasant negative emotions are diminished (Siegel, 2012a). The fundamental purpose of emotions and the deleterious effects on the psyche of social neglect and isolation are illumined by the fact that emotion occurs by and large in interpersonal contexts.
**Mutual regulation.** Tronick and Weinberg (1997) assert that for humans, “the maintenance of homeostasis is a dyadic collaborative process. Humans evolved in such a manner that they must collaborate with others to regulate their physiological states, emotional states, and external engagements with people and objects” (p. 56). To illustrate, using a sample of married couples in midlife or older, Yuan, McCarthy, Holley, and Levenson (2010) found a remarkably robust relation between positive emotion and physiological down-regulation, a mutual stress-reducing strategy.

Note that from a regulation theoretical perspective, *stress* is defined by Schore (2003) as “the occurrence of an asynchrony in an interactional sequence; further, a period of synchrony, following the period of stress, provides a ‘recovery’ period (citing Chapple, 1970). The emotion that mediates the attachment behavioral system (Mikulincer & Shaver, 2005), more than simply being felt becomes “foundational in the construction of the self and is a key determinant of self-organization” (Greenberg, 2006, p. 87), a process that recalls Bowlby’s internal working model. Applying the principles of emotion awareness, emotion regulation, emotion transformation, and reflection on emotion, one engages in the process of making sense of one’s emotions, and personal meaning-making emerges (Greenberg, 2006).

**Emotion-focused repair.** For Cozolino (2012), affect regulation is possibly the most important outcome of the psychotherapeutic process regardless of orientation, because the aim of therapy is the integration of dissociated neural networks. Using regulation theory in couples therapy to address attachment dysfunction, Johnson and Greenman (2013) emphasize the instrumental role of the emotions in romantic love.
During attachment-based couples therapy, the partners mutually experience in vivo emotionally charged bonding interactions, coached by the therapist (Johnson & Greenman, 2013). The target of intervention is the emotional bond, then, rather than cognitive evaluation of one another’s behaviors. Sharing inner experiences seeks to foster the vulnerability that will invite the compassionate emotional engagement and collaboration that characterize attachment security (Fletcher et al., 2013). Together, through dyadic emotional attunement it is the intimate partners themselves who are able to most effectively heal their past attachment wounds together (Solomon, 2013).

Cozolino (2012) contends that therapy is ineffectual if psychological issues are addressed purely from an intellectual perspective; for change to occur there must be increased integration of reason with sensation, emotion, and behavior. Benson, Sevier, and Christensen (2013), on the other hand, argue that traditional behavioral couples therapy can improve attachment security at least as effectively as an emotion-focused approach. Techniques that do not engage the emotions would appear to be promising for clients who present with alexithymia, the inability to identify, describe, and express one’s feelings verbally (Fitzgerald & Bellgrove, 2006). In a study of attachment disparity in married couples, closeness-seeking versus distance-seeking behavior was the identified source of conflict. Results showed decreased marital conflict when spouses who desired more closeness were able to accommodate their spouse’s avoidant behavior, affording the avoidant spouse a greater sense of independence.
Aligned with Cozolino’s (2010) position that brain growth across the lifespan is dependent upon the ability to tolerate and regulate affect, Johnson and Greenman respond to Benson and co-authors:

From their conceptualization, behavioral approaches have been based on an economic model of romantic love, where partners seek to minimize costs and negotiate rewards. When such a negotiation is achieved in therapy, we would expect increases in satisfaction. What EFT [emotion-focused therapy] theory posits is that the most direct, efficient, and ultimately effective strategy to create not just a rise in satisfaction but stable loving relationships is to address attachment needs and fears and to create specific, emotionally charged bonding interactions in therapy, so that “rewards” that cannot be negotiated, such as tenderness, emotional responsiveness, and openness, can develop. These bonding events [...] are clearly associated with positive outcomes in nine process-of-change studies (Greenman & Johnson, 2012). (Johnson & Greenman, 2013, p. 421)

Within the context of the present study, it is important to show this fundamental difference in therapeutic perspectives between a purely cognitive approach and an embodied model, because it brings to the fore an essential source of duress between NT and AS spouses that is difficult to resolve in couples therapy—if it can be resolved at all. For AS clients who are not able to recognize (Poljac, Poljac, & Wagemans, 2013), access, process, or regulate their emotions with others, due to the neurologically intractable condition, emotion-based therapies risk exacerbating the couple’s distress, fueling the deterioration of their relationship as well as their individual psychophysiological health. In addition to the multiple challenges of marriage to someone with AS brought to couples therapy, the NT spouse may suffer affective and physiological symptoms which are the consequences of a prolonged absence of emotional reciprocity.
Siegel (2012b) refers to this reciprocal process as *dyadic regulation*, the process of monitoring and modifying internal affect or arousal states through attuned communication between two people. *Dysregulation* is an outcome of impaired integration due to the “inability to attain proper coordination and balance within a system (body, mind, group) leading to excessive arousal or insufficient arousal that are both outside a window of tolerance” (p. A1-25). Tronick (2008, p. 214) suggests that while no optimal form of mutual regulatory process exists, “interactions that produce unrelenting mismatches and failure of reparatory processes lead to withdrawal and a sense of helplessness.”

**Synthesis of Research Findings**

One of the most baffling aspects of AS is its extreme variety of symptom expression, which helps explain why the condition is so difficult for parents, clinicians, and even long-term spouses to recognize. Hobson (2014) advances his Identification Theory to account for a common underlying structure of autism and individual variance in autistic features that make of autism a coherent constellation of clinical features, or *syndrome*:

(a) Any account of autism will need to include a level of explanation that invokes a breakdown in the intersubjective system of self-in-relation-to-other. If one fails to include such a level, then important features of autism will go unexplained and/or will appear to be independent of one another.

(b) Impairments in intersubjective engagement that include limitations in co-reference towards a shared world are universal in all cases of autism, early in onset, and constitute a major causative and/or shaping influence on the emergence of a range of other features of the disorder. (Hobson, 2014, p. 11)
For Hobson, all cases of autism, then, are defined by one basic handicap, that of an inability to “engage with other people’s engagement with a shared world,” and involves incapacity to “register, engage with and adjust to another person’s perspective” (p. 11). Hobson’s developmental coherence model of autism is illumined by the Polyvagal Theory (Porges, 1998): Problems in state regulation and deficits in auditory processing—two physiological symptoms prevalent in AS—may constitute a causative influence on the emergence of a range of other AS features (Porges et al., 2013). If present in infancy, the preverbal multisensory interactions necessary for social, emotional, and neurobehavioral development risk being compromised (Tronick, 2007); indeed, it is through mutually conveyed sensory stimuli that attachment bonds are formed (Ammaniti & Gallese, 2014).

State regulation difficulties could account for atypical social and emotional behaviors, such as rage, inattention, and sleep disorders, all of which are prevalent in AS. Auditory processing deficits are frequent in AS (Grandin & Panek, 2013) and help to explain compromised social communication skills, such as difficulty differentiating between voices and background noise, hyperacusis, language delays, and speech anomalies (Porges et al., 2013). Relevant to marriage, what emerges from these theories is that when NTs suspect their AS spouse to be uncooperative, stubborn, selfish, oblivious, distracted, or negligent, the explanation lies not necessarily in the presence of

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2 Hyperacusis is a common feature of AS and refers to a reduction of normal tolerance for everyday sounds, a collapse of the normal range of tolerance for sounds that is present in otherwise normally functioning ears.
character flaws, but rather in a unique combination of debilitating sensory over- or under-responsiveness factors.

Up to 95% of people with an autism spectrum condition suffer from sensory processing anomalies, the severity of which is negatively correlated with autistic symptomology and behavioral-emotional adaptive functioning (Smith & Sharp, 2013). Understandably, hyper- and hyposensitivity issues can create strife in marriage, beginning with their effects on the sexual experience of both partners in terms of pain, disgust, and sensory-emotional overload (Hénault, 2006). All six senses can be affected, an intractable situation that likely contributes its part to the NT/AS mismatch of needs and expectations, identified by Myhill and Jekel (2008) as the primary cause of relationship frustration for both partners.

Sensory-related idiosyncrasies may manifest as an intolerance to expressions of affiliative touch such as hugs, kisses, caresses (Gaus, 2011); preference for masturbation, paraphilia, fetishism (Hénault, 2006); non-reactivity when called by name or asked a question (Grandin & Panek, 2013); refusal to dine at a restaurant or attend parties, preferring social isolation (Cascio et al., 2008); will only eat certain foods (Grandin & Panek, 2013). Particularly sensitive to smell (Gillberg, 2012), the new perfume worn by the NT spouse to feel feminine and to attract her lover may be perceived as an “olfactory assault” (Shore, 2003, p. 3). Thus, the presence of sensory-related challenges risks becoming seen as a source of myriad exigencies, the only recourse to which is familial accommodation of the autistic member.
The Relational Mind

The Greek *autos* “self” from which derives autism so eloquently evokes the autistic universe of one, a locked-in entity inaccessible even to itself. Autistic blindness to the mind creates a world in which not only another’s perspective cannot be acknowledged, but one’s own point of view is ungraspable as well (Tantam & Girgis, 2009). Among the fundamental inter- and intra-self mental processes that are implicated in what Lerner (2001) calls the *dance of connection* are Theory of Mind, Mentalization, Sense of Self, and Empathy, and deficits in these interrelated areas can have negative social consequences, including marital strife.

**Theory of mind.** One of the differences in cognitive styles between NTs and those with AS, upon which all authors seem to agree is the impairment of *theory of mind* that characterizes AS. Theory of mind (ToM), the basis of all social skills, refers to the degree to which someone is aware of what another person is thinking, and the capacity to acknowledge others’ perspectives as different from one’s own (Grandin, 2008). Introduced in psychology by Premak and Woodruff in 1978, the term is used to describe the ability of a person to attribute mental states to oneself and others, and to predict another’s behavior based on their intuitively perceived mental state (Spek, Scholte, & Van Berckelaer-Onnes, 2010). When ToM is normally developed, person A can surmise what person B is thinking in regards to person C’s perspective (Thompson, 2008).

**Mentalization.** Based on work by Fonagy, Jurist (2010) clarifies that theory of mind is not only a cognitive process, and does not only refer to correct social prediction, but involves cognitive-affective schemas. Fonagy (1991, cited in Jurist, 2010) extends
ToM theory from developmental psychology, with its emphasis on thoughts and beliefs, to encompass affectivity and desire, making it relevant to attachment and psychoanalytic theory. *Mentalization*, then, refers to the developmental process by which the human brain becomes a *mind*, although the distinction between ToM and mentalization is not always made in the more recent literature (e.g. Singer, 2006). Nevertheless, the concept of mentalization in attachment theory and IPNB emerges as a core element of self-organization and social functioning, and is “especially germane to the kind of mindreading that occurs in the context of intimate relationships” (Jurist, 2010, p. 289).

A lack of ToM, a defining element of AS (Hobson, 2014), is a major source of NT/AS interpersonal misunderstanding and strife. For example, an NT partner’s good intentions toward the AS partner tend to be negatively misinterpreted and mistrusted: helpful suggestions, as well as sincere disclosure of personal desires and preferences is typically perceived as criticism and generates anger and defensiveness on the part of the spouse with AS (Aston, 2012; Bentley, 2007). Based on Attwood’s (2008) clinical observations, a misperception that someone else’s action was malicious may trigger a verbal or physical retaliation response to inflict hurt while comforting the AS sense of fairness, justice, and equality (citing Tantam, 2000). Indeed, a pervasive pattern of mistrust and suspicion disproportionate to actual negative social experience, a problem of intent attribution (Flood, Hare, & Wallis, 2011) may justify a diagnosis of comorbid paranoid personality disorder in some AS cases (Gaus, 2007).

Jänsch and Hare (2014) found a “jumping to conclusions” bias associated with significantly more paranoid, persecutory, and delusional beliefs that were thought to be
the result of AS-related impaired reasoning abilities, anxiety, and depression. Related to paranoid ideation due to ToM deficits is the tendency to make external personal attributions; that is, blaming someone else for negative events (Blackshaw, Kinderman, Hare, & Hatton, 2001). It is ToM deficits, coupled with the AS individuals’ absence of empathic ability to ascertain the effects of their words or actions on others, that helps understand why someone with AS may not apologize in an effort to repair a relationship wound.

As observed by Bliss and Edmonds (2008), an additional problematic effect of lack of ToM is that the AS individual simply sees no need to communicate important information with the NT partner, child, co-worker, boss, or therapist, because an identical perspective shared between oneself and someone else is assumed; therefore, information is not offered or is offered without the contextual details that would allow the listener to situate its meaning. In the same way, information is not sought by asking questions, because the answer is already assumed to be known. Since mentalization allows one to distinguish between one’s internal and external world (Fonagy et al., 2002), a lack of this capacity may help understand why individuals with AS tend not to engage with others to offer or seek information. For Ennis-Cole, Durodoye, and Harris (2013, citing Lombardo et al., 2009) the difficulty understanding and differentiating one’s own thoughts and feelings from others’ contributes to hesitancy in engaging in social interaction.

**Sense of self.** Mentalization impairment not only precludes an understanding of another’s perspective, and negatively affects the interpretation of another’s motives, but the incapacity to recognize one’s own mental state or personal point of view is also a
salient feature of AS (Baron-Cohen, 1989; Howlin & Moss, 2012; Tantam & Girgis, 2009). Introspection is especially challenging for someone with AS, in part related to alexithymia (Alvarez, 2010; Lombardo & Baron-Cohen, 2011). Although many adults with AS have learned to engage in rudimentary explicit theory of mind, they remain impaired in the self-referential domain, with marked difficulty in representing self—other differentiation (Lombardo & Baron-Cohen, 2011). This mindblindness (Baron-Cohen, 1995) has highly significant—but largely ignored—implications not only for the self-disclosure that fuels intimate relationships, but also for what happens in couples therapy sessions, as well as for the validity of autism research findings that are typically dependent upon AS self-report data collection.

Based on clinical observation (e.g., Attwood, 2008; Stoddart et al., 2012), the effect of mindblindness on AS social behavior is described by Thompson (2008) as the “chameleon effect”, i.e., the imitation and mimicking of the attitudes and opinions of those in their immediate environment for the purpose of socially blending in, becoming less conspicuous, and achieving social acceptance. The chameleon-like behavioral efforts of a spouse with AS to adapt to social situations outside of the home helps to understand why those who do not share the intimate, day-to-day life of the AS at home typically have a very different impression of the AS individual; appearing quite easy to get along with to others whose opinions and behaviors are copied, the AS spouse sees no reason to maintain these efforts when alone with the NT partner, a stark behavioral contrast that contributes to the NT spouse’s distress, confusion and isolation (Bentley, 2007; Thompson, 2008).
It is vital for therapists to accept that clients with AS do not possess the psychoneurological capacity for introspective work, and to attempt it can potentially harm the client. Fitzgerald (2007) and Gillberg (2002) warn that exploratory approaches to psychotherapy can induce despair that increase risk of suicide; therefore, effective therapy should be approached cognitively and focus on pragmatic social skills. This essential clinical discernment requires that therapists be capable of recognizing that their client has AS before implementing the specific strategies known to be effective with this population, and ongoing collaborative NT partner involvement can prove instrumental to outcomes in AS clients and their families.

**Empathy.** Says Meryl Streep, “The greatest gift of human beings is that we have the power of empathy” (cited in Ebstein, Israel, Chew, Zhong, & Knafo, 2010). Genetically transmitted to preserve social intelligence, human empathy is neurobiologically hardwired (Ebstein et al., 2010). Survival of the fittest is now believed to be ensured by prosocial and altruistic behaviors, as opposed to Darwinian self-serving individualism, although both tendencies seem to compete with each other in the world (Juan, 2010).

Facilitating social behavior, empathy is what makes intersubjectivity possible. Iacoboni (2009) asserts that our ability to effortlessly and instantaneously understand the minds of others begins with prereflective, automatic neural mirroring mechanisms that create cognitive imitation, in tandem with a higher-order visual area of the brain. Furthermore, Iacoboni and Dapretto (2006) posit that mirror neuron dysfunction may be associated with the socially isolating behaviors of autism. Recalling Hobson’s coherence
model and Porges’s polyvagal theory, underactivated sensory communication in early childhood, such as lack of eye contact, loving face-to-face exchanges, or bodily touch may compromise the intersubjective experience-dependent development of emotional intelligence that prepares the formation of secure attachments.

It is widely accepted across the literature that AS is characterized by extensive dysfunction in empathic processes (Baron-Cohen, 2011; Coleman & Gillberg, 2012; Dziobek et al., 2007; Hagenmuller, Rössler, Wittwer, & Haker, 2014; Johnson, Filliter, & Murphy, 2009; Lawson, Baron-Cohen, & Wheelwright, 2004; Rogers, Dziobek, Hassenstab, Wolf, & Convit, 2007; Szalavitz & Perry, 2010; Tantam, 2013; Wheelwright & Baron-Cohen, 2011). However, debate continues as to which components of empathy function poorly, and the conflicts in findings are likely attributable to what Roskies (2011, p. 278) identifies as a “conceptual sloppiness surrounding the term empathy.” Indeed, the empathy response is complex, yet it is commonly operationalized in the literature in terms of only one part of the process measured in isolation. To muddle things further, the media present autistic AS neurodiversity advocates who claim an intact capacity for empathy based on a self-reported sense of emotional resonance (e.g. Shore, 2003), similar to emotional contagion.

Decety (2007, p. 248) points out that scholars broadly agree on three primary aspects of empathy: (a) an affective response to another person, often involving a shared emotional state; (b) the cognitive ability to grasp another’s perspective; and, (c) the capacity to monitor and regulate one’s inner state. For Decety, empathy refers to an emotional response produced by the emotional state of another, that necessarily involves
four fundamental components: physiological synchrony resulting in shared representation, the ability to distinguish between self and other, the mental flexibility to adopt the other’s subjective perspective, and the capacity to regulate one’s own emotional state (Decety, 2007). Decety asserts that conversation is one of the important ways that empathy develops, through the practice of self-reflection, and shared experiences and feelings. Empathy may elicit a behavioral response in the empathizer that can be either well- or ill-intentioned, or, empathy can be selectively suppressed, as in the case of war or racial discrimination (de Waal, 2009). A beneficent, or compassionate, empathizer desires to relieve another’s distress, while a malicious empathizer seeks to inflict suffering on a victim (Tantam, 2013).

Certain empathy deficits have been found to be associated with sadistic personality, whereby the cognitive component of empathy is intact, but a sense of appropriate emotional response is lacking (O’Meara, Davies, & Hammond, 2011). The sadistic personality is defined by O’Meara et al. as a person who humiliates others, shows a longstanding pattern of cruel or demeaning behavior, or inflicts physical, sexual, or psychological suffering on others in order to assert power and dominance (p. 523). If empathy is exercised in both prosocial and antisocial behavior, and a lack of empathy is a core feature of AS, then the question arises as to whether someone with AS is capable of pro- or antisocial behavior. The AS literature reveals that empathy deficits can have dire consequences in the social realm, due to a limited ability for social problem solving, personal conflict resolution, and negotiation (Tantam, 2013).
Antipathic dominance. What he referred to as autistic malice was originally observed by Hans Asperger, and has been clinically confirmed by Attwood (2008). Attwood offers several explanations for what may sometimes become a criminal act, depending on who is the target, and is best understood in terms of compensation for a lack of social intelligence. Individuals with AS who commit deliberately malicious acts do so out of an awareness of their social alienation; in order to compensate for a lack of social competence, social “authority” or dominance is achieved through intimidation, violence, or emotional blackmail, giving the individual with AS an illusion of power and control. Tantam (2013) adds that due to the incapacity to navigate the complex social rules that serve to effectively resolve conflict, individuals with AS may hide their anger during the perceived offense, but in another time and place, discharge their anger by physically aggressing someone else unrelated to the incident, or mistakenly viewed as having played a role in their suffering (Hénault, 2006).

Another adjustment strategy in reaction to the awareness of alienation from others is denial in the form of over-compensation for social deficits, which may include developing a sense of arrogance that manifests by placing the fault on others; never making a mistake; never being wrong; being of superior intelligence; and, not needing psychotherapy since there is no problem (Attwood, 2008). An important aspect of compensatory strategies for domination contributes to the notorious reputation for arguing initially observed by Asperger (Attwood, 2008). Attwood cites Asperger, whose clinical notes advised of the “great danger of getting involved in endless arguments […] frequently trapped in endless discussion, with no concession or acceptance of a
compromise, fueled by a remarkable faculty of recall of what was said or done to prove a point” (pp. 26-27). Indeed, placation for conflict resolution requires high-level empathy, and helps explain the AS misperception that placation is the equivalent of submission.

For someone who already has low social power, submission is not possible, since to submit would be to acknowledge low social status, damaging an already weak level of self-esteem (Tantam, 2013).

Finally, adults with AS may perceive their deficits in empathy, and develop special interests that involve “psychological experiments” to predict someone’s emotional reaction (Attwood, 2008). By deliberately creating fearful situations or making extremely disturbing statements, the malicious act serves to observe and enjoy the distressed or frightened reaction of the subject of the experiment. For example, a college student with AS wrote a letter to his roommate’s mother to inform her that her son had died, a psychological experiment that resulted in the expulsion of the perpetrator. It is unlikely that a person subjected to the experiment did anything to deserve retaliation, and the victim may simply be someone who is happy, socially well-adjusted, or skilled in areas that escape the abilities of the individual with AS. This form of morbid curiosity and deliberate infliction of suffering may result in legal action, depending on the human target chosen to suffer (Attwood, 2008, p. 336).

**Emotional contagion.** Recalling the cornerstones of intimacy (Katehakis, 2010), the capacity to comfort one’s own anxieties in order to empathically acknowledge another’s feelings is a prerequisite for establishing emotional connection. Emotional contagion (EC) is an affective resonance without self-awareness that may involve
mimicry in the form of facial expression, vocalizations, postures and movements (Singer, 2006, citing Hatfield et al., 1994). The first developmental stage in the acquisition of a complex ensemble of emotional intelligence skills necessary for empathy expression, EC is what causes a neonate to cry more in the presence of other crying babies than it would in a silent room (Wheelwright & Baron-Cohen, 2011).

In the same way, a partner’s expressed negative emotion may trigger a negative emotional arousal outside of self-awareness in the partner with AS, thus creating a negative emotional feedback loop. Excessive arousal continues to escalate in both partners until either the NT decides to abandon the expression of emotion, or when one partner leaves the room. The result for the NT is a thwarted processing of feelings that get high-jacked into providing a regulatory response to the AS spouse. Temple Grandin explains that due to the fact that her amygdalae are 22% larger than normal, she suffers from an exaggerated and pervasive fear response, the symptomology of which includes life-long anxiety, panic attacks, and a heightened sense of threat (Grandin & Panek, 2013).

However, anxiety in someone who lacks empathy may be protective, and constitutes an essential difference between antisocial psychopathology (APD) and AS. Baron-Cohen (2011, citing Cleckley, 1941) lists the characteristics of a psychopath: superficial charm, lack of anxiety or guilt, undependability and dishonesty, egocentricity, inability to form lasting relationships, failure to learn from punishment, poverty of emotions, lack of insight into the impact of their behavior, and failure to plan ahead (p. 68)—features similar to those associated with AS, with an important exception. The
principle difference between the two personalities is that the anxiety that is almost always co-morbid with AS allows for a fear of punishment, a fear absent in APD, whereas a lack of empathy explains why neither personality will feel guilt or remorse (Baron-Cohen, 2011).

**Zero degrees of empathy.** Baron-Cohen (2011) suggests that all psychopathology is ultimately characterized by empathy disorders with distinct profiles. In this model, all people lie somewhere along an empathy spectrum from high to low, with AS situated at zero degrees of empathy. The author has found that as the capacity to empathize diminishes on the spectrum, the ability to systematize increases. Systematizing is defined as “the ability to analyze changing patterns, to figure out how things work” (p. 104), a neurological profile that might account for an attraction to the sciences, mathematics, technology, i.e., the STEM occupations, as well as to music, linguistics, or proofreading, for example, all areas where identifying patterns is their core feature.

In contrast with a highly developed capacity for empathy, someone with zero degrees of empathy lies at the opposite, equally extreme systematizing level whereby everything in their daily lives must adhere to predictable patterns. An extreme systemizer demands routines, rituals and all forms of repetitiveness to order their world. Anything unexpected—conceptualized as toxic change by Baron-Cohen—is perceived as extremely stressful and upsetting to an ordered world. Rigidity regiments AS attitudes toward others for this reason. The greatest problem for an adult with AS, then, is the totally unpredictable and uncontrollable world of emotions (Baron-Cohen, 2011)—an NT spouse’s favorite intimacy-seeking strategy. Tantam (2013) affirms that empathy deficits
reduce the quality of intimate relationships, increase caregiving burden, contribute to
difficulty in establishing or maintaining a sexual bond, and decrease the ability of a
parent who has AS to care for their children.

**Lack of remorse.** Neurological deficits related to AS in areas such as empathy,
impulse control, affect regulation, executive function, and mentalization contribute to a
lack of insight regarding the effects of one’s abusive words or behaviors on others. The
potentially damaging effects on a victim cannot be brought into mental awareness, so
there will be no genuine remorse, a display which can have aggravating consequences not
only to close relationships, but in court and in front of a jury as well (Attwood, 2008).

Tantam and Girgis observe:

> Violence when it occurs can be particularly problematic, partly because
it may not be restrained by empathic responses to another’s fear or
pain, and partly because it may appear to be unheralded. The triggers,
the warning signs and the context of different kinds of violence are
familiar to most people, but this knowledge may not apply to people
with AS whose violence may be directed against a vulnerable other
person and not the one who triggered it, and it may be temporally
remote from its trigger, too. (Tantam & Girgis, 2009, p. 59)

Individuals with AS can perpetrate very serious violence, including homicide,
with predictors such as a preoccupation with weapons, ruminating, or rehearsing violent
acts (Attwood, 2008). Risk factors alert to danger when someone with AS is angry at NTs
in general, finding the NT population uncaring in their treatment of the individual with
AS and deserving of retaliation, and concluding that there is nothing to lose; indeed, the
potential outcome of life imprisonment may not be considered dissuasive (Tantam &
Girgis, 2009). Relevant to the present study of marriage to someone with AS, the victim’s
outrage that the behavior causes is often one of the factors that maintains it, because it conveys a power to have an impact on another person that they find rewarding, however harshly they are treated as a result (Tantam & Girgis, 2009, p. 59).

**Violent aggression.** Adult temper tantrums, bouts of rage, anger management problems, or fits of violent aggression are frequently cited in the AS literature (Frank, 2013; Hénault, 2006; Kolevzon, 2013; Konst et al., 2013; Quek, Sofronoff, Sheffield, White, & Kelly, 2012). These unpredictable, explosive displays of rage are a common complaint of family members (Gaus, 2011). With regard to the AS client population, Stoddart et al. (2012) advise clinicians not to see these clients alone, having witnessed violent destruction of property, and having been threatened and assaulted (p. 169). The individual with AS may not acknowledge an anger problem, may blame others for provoking them, or may only vaguely remember the incident and deny that it happened (Myles, 2004).

**Attachment and the NT/AS Interactional Cycle**

Theory of mind, mentalization, sense of self, and empathy are some of the mental processes that are instrumental in building a primary attachment such as marriage. Ideally, as spouses grow together in their relationship, they learn to reliably ensure the other’s comfort, safety, and security, creating a mutually satisfying dyadic support system that plays an important role in their psychobiological well-being. To achieve the interactive autonomic regulation that a primary attachment provides (e.g. Yuan, 2010) the couple is mutually dependent (Tatkin, 2005). Tatkin proposes that couples increase their attunement to one another with support felt by the partner to be supportive:
This includes building in many more moments of turning toward one another, particularly in public or when separated (Gottman, 1999; Schachner, Shaver, & Mikulincer, 2005). The couple is encouraged to think of itself in a “them” and “us” manner, as a sealed off entity that can interact with the external world as easily as it can shut it out. Home is understood, not as a physical place, but as the couple system itself. Partners can turn to one another for comfort and relaxation, but also for stimulation and excitement. They willingly and knowingly provide one another a steady diet of admiration and appreciation, as this positive affection is essential to the safety and security system within which both partners reside (Carrere, Buehlman, Gottman, Coan, & Ruckstuhl, 2000). This practice is consistent with the notion that our sense of self as “good enough” does in fact come from another person with whom we are intimately involved, and upon whom we are dependent (Winnicott, Winnicott, Shepherd, & Davis, 1990). (Tatkin, 2005, p. 2)

**The story of us.** That sense of “we” that allows a couple to be aware of their “coupleness” may not be a part of the AS relational experience. In the absence of ToM, empathy, and a sense of self, there is difficulty differentiating self and other. In NT/AS couples, Stoddart et al. (2012) report that a typical interactional cycle develops between the spouses, most often perpetuated by the NT wife who seeks to meet her emotional—and even instrumental—needs. Desiring the proximity and emotional comfort that a secure attachment offers, her intimacy-seeking behaviors, rather than enhancing closeness, result in further distancing from her spouse. This typical NT/AS cycle is illustrated in Figure 1 (adapted from Stoddart et al., 2012).
Effects of dysregulation. Figure 1 illustrates the interactional cycle common to NT/AS couples depicting the disparity in the attachment needs of the partners, creating the seemingly unresolvable conflict that usually motivates the NT partner to seek couples therapy (Stoddart et al., 2012). Based on IPNB theory that posits that we are contextualized inter-relational beings with social brains continually transformed in
response to relationship, an NT/AS marriage would presumably affect each partner’s neurobiochemistry, internal biological states, social behavior, and degree of function of affect regulation. The NT/AS interactional cycle reveals a potential pattern of what Tronick (2008) refers to as unrelenting mismatches and failure of mutual reparatory processes that have dysregulating consequences on affect, leading to withdrawal and helplessness; in addition, since mutual regulation involves physiological processes, the sympathetic and parasympathetic nervous systems are effected as well (Tronick, 2008).

The long-term result of poor relationship quality was found to be associated with allostatic load, the cumulative dysregulation across physiological systems (Brooks, 2012). Clinically observed disturbances reported by NT clients, including depression, anxiety, loss of libido, sleep problems, lethargy, appetite problems, and signs of a weakened immune system, are thought to be due to a chronic lack of emotional connectivity (Aston, 2009). The NT spouse may never experience feeling felt by a spouse who lacks the ability for emotional attunement, and the neurological effects resulting from a long-term empathically disconnected state may be symptomatically manifested.

The psychological effects on the spouses or families of a spouse or parent with AS have received little research attention (Bostock-Ling et al., 2012; Ivey & Ward, 2010); however, clinicians specializing in adult clients with AS report that the NT spouse often suffers from Affective Deprivation Disorder (AfDD), a relational disorder caused by enduring relational dysfunction in reaction to a chronic lack of emotional reciprocity (Aston, 2011; Attwood, 2008; Lorant et al., 2011; Simone, 2009; Simons & Thompson, 2009; Weston, 2010). A relational disorder is defined as a “persistent and painful pattern
of feelings, behavior, and perceptions involving two or more individuals in an important personal relationship” (First et al., 2002, p. 161) the effects of which seriously impair physical health and psychological adjustment. Simons and Thompson (2009) emphasize that the disorder is situated in the bond between individuals, rather than in the impact a disordered individual has on others.

**Attachment ecology.** Although not a diagnostic category per se, the relational disorder concept highlights the importance of reciprocal interaction patterns in the development of psychopathology as well as in the success of treatment outcomes (Denton, 2007), and its role in relapse has been recognized in disorders such as schizophrenia, eating disorders, and major depressive disorder, for example (First et al., 2002). Attachment processes within a family are mediated by the emotional and behavioral adjustments of each member, and for Hill, Fonagy, Safier, and Sargent (2003), it is clear that a family’s attachment “ecology” affects development and represents a risk factor for psychopathology. In a study of the effects of adult social relationship quality on allostatic load, Brooks (2012) found that higher negativity and lower support from a spouse were each associated with accumulative dysregulation across physiological systems.

**Affective deprivation symptoms.** Simons and Thompson (2009) indicate that low emotional intelligence, alexithymia, and a low empathy quotient in a partner, all of which are features characteristic of AS, contribute to an AfDD relationship profile and may involve high conflict and domestic abuse, in addition to reduced marital quality and satisfaction. Possible psychological and physical symptoms of AfDD include undermined
self-esteem due to persistent lack of emotional validation, feelings of anger, depression, anxiety, guilt, confusion, depersonalization, agoraphobia, fatigue, migraines, weight gain or loss, sleep disturbances, and hormonal imbalance (Simons & Thompson, 2009). By generating rich description of NTs’ marital experience with a spouse who has AS, this study sought to allow implicit meanings to emerge that contribute to our understanding of a specific relational phenomenon.

**Critique of Previous Research**

Broad gaps in the current AS research literature exist (Tantam & Girgis, 2009), leaving the majority of people with AS undiagnosed (Coleman & Gillberg, 2012; Lehnhardt et al., 2013). Currently, in five children, three cases are diagnosed for two cases that remain unrecognized; diagnosis is made between the ages of 4 and 8, even though ASD is observable between ages 18 months and 2 years when intervention leads to best outcomes (CDC, 2014a). For adults, there are too few ASD clinics to keep up with the growing demand for an evaluation, resulting in high costs and dissuasive wait times of several months (Lehnhardt et al., 2013). A review of evidence rated 3 adult ASD interventions out of 9 as evidence-based (Shattuck et al., 2012), that is, behavior modification, structured teaching, and supported employment, suggesting that treatment outcomes in adults with AS have received scant attention.

**Current ASD research.** Yet, autism research is a top federal priority, and 2,477 research articles on ASD were published in 2010 alone, far outpacing comparable fields, with Biology maintaining the largest proportion of research publications at 38% (OARC,
Lai, Lombardo, and Baron-Cohen (2014) conducted a PubMed keyword search with the terms autism, autism spectrum disorder, Asperger syndrome, and pervasive developmental disorder, and discovered a total of 22,795 reports, the majority of which were published between 2000 and 2012 (n=16741). Using the same keywords, the Interagency Autism Coordinating Committee (OARC, 2012) reported 25,137 autism-related research publications between 1980 and 2012. It is evident that the autism research industry is thriving, yet ASD prevalence rates are increasing just as quickly with 1 in 50 boys affected, and 50% of this increase remains unexplained (Autism Speaks, 2012). Within the next decade 500,000 American youth will age out of school-based programs and no national strategy exists to absorb them; the current annual cost to society in the U.S. is already $137 billion, but insurance coverage for services does not exist in all states (Autism Speaks, 2012). High heritability rates imply that several family members can have ASD, which Tantam (2013) observes happens in about one out of two families. Thus, it is not unreasonable to assume that these issues might be affecting NT parents’ experience of marriage to someone with AS.

The paucity of adult AS literature, combined with certain trends in cultural values, may have significant consequences for mental health and quality of life. In adults, those who meet the criteria for AS give the impression of being “too normal” and not severely disabled, although careful observation reveals extensive empathy problems that merit further empirical research (Coleman & Gillberg, 2012). When AS is suspected, a formal diagnosis may be deliberately avoided out of fear of the social stigma associated with being labeled with a disorder (Lozzi-Toscano, 2004). STEM skills are more valued than
social skills in some subcultures, such as technology-dominant Silicon Valley, so AS is considered a laudable difference, similar to being gifted, and not a disorder (Grandin & Panek, 2013). The condition is not suspected by mental health professionals, who lack training, and in the event of an evaluation, it is most commonly misdiagnosed as ADHD, ODD, bipolar, OCD, GAD, a mood disorder, schizophrenia (Carlson, McGeorge, & Halverson, 2007), schizoid personality disorder (Tantam, 2000, 2013), or conduct disorder in the case of African-American clients (Ennis-Cole et al., 2013). Possibly due to gender stereotypes, and to the ability to camouflage or compensate for social deficits, females are underrepresented, 8:1 instead of 5:1, escaping diagnostic detection unless co-morbid cognitive or behavioral concerns attract clinical attention; this diagnostic bias is reflected in the fact that females with AS are diagnosed later than males (Lai et al., 2014).

From 2012 to 2014, estimates of the number of children with autism marked a 30% increase in the U.S. (CDC, 2014a). Gerhardt and Lainer (2011) warn that adolescents diagnosed with ASD are currently moving into adulthood in epidemic proportions, and their numbers “represent a looming crisis of unprecedented magnitude for adults with autism, their families, and the ill-prepared and underfunded adult service system charged with meeting their needs” (p. 37). The authors emphasize the significant and growing imperative for greater attention to the individual needs of adults with ASD, yet little is known about these needs or how to respond to them in the event that a correct diagnosis has indeed been made.

In the meantime, risks to the individual with AS—and to society—are exacerbated when the condition remains unacknowledged. These risks include
unmitigated psychological distress, underachievement, prolonged dependency on parents, suicide (Portway & Johnson, 2005); poor academic performance, under- or unemployment, poor quality of life (Eack et al., 2013); autonomy issues in late-life, social anxiety, OCD, paranoid delusions, catatonia (Tantam, 2013); self-injurious, disruptive, destructive behavior in older adults with ASD and intellectual disability (Kats, Payne, Parlier, & Piven, 2013); criminal behavior, illegal paraphilia (Attwood, 2008); impaired moral judgment (Moran et al., 2011), making jury duty, legal issues, and co-parenting a concern; and, violent displays of rage toward family members, property destruction, physical assault, and self-injury (Gaus, 2011), to name a few.

Curiously, in face of the urgent need to effectively respond to the current situation, autism researchers continue to ignore the decades of multi-domain real-life experiences of the NT spouse population, forgoing a wealth of information on AS interactional social behaviors of daily living in couple and family systems. Instead, despite the fact that AS is a disorder of social interaction and social communication (APA, 2013), AS behaviors and abilities are researched quantitatively by routinely testing individual subjects in isolation, using computer-aided data collection methods in artificial environments (e.g., Hagenmuller et al., 2014).

**AS self-report research designs.** This research approach reveals several conceptual and methodological flaws that may account for the restricted clinical use of the diagnostic tools they develop (e.g., Ritvo et al., 2011), and the overall difficulty in detecting AS. First, data collection that depends on self-report is questionable, based on robust findings in which an incapacity for introspection emerges as a core feature of AS
(Lombardo & Baron-Cohen, 2011). Second, Ritvo et al. (2011) underscore discrepancies of self-report that manifest as either (a) denial and over-reporting of symptoms due to unawareness, or (b) the propensity for adaptive social desirability behaviors meant to conceal AS-related idiosyncrasies. The authors emphasize the importance for clinicians to “search very carefully for symptoms when diagnosing” these adults (p. 1082). Third, self-report by those with AS has shown measurable discrepancies when compared to second party observation (e.g., Johnson et al., 2009).

Observations of family behaviors that are reported by adults with AS have been recognized in the literature to be of limited validity as well. In a study of appropriate expression of affection in children with AS, data collection was in large part based on parental observation of their children’s affectionate behaviors. Parental reports offered by parents who had been diagnosed with AS were signaled in the authors’ Limitations section as one of the major limitations of the study:

Also, some parents reported that they had been diagnosed with AS, which may have impacted on their ability to produce reliable data; that is, individuals with AS can be very black and white in their thinking and, therefore, when answering a questionnaire, may have a tendency to provide extreme responses that may over- or underestimate their child’s actual abilities. It may therefore be beneficial to employ observations of parent-child interactions in future research to provide objective findings. (Sofronoff, Eloff, Sheffield, & Attwood, 2011, p. 6)

Finally, if “disablement is seen as the product of the interaction between individual abilities and the surrounding social context” then measurement and intervention regarding the AS population must be conducted within all forms of social contexts (Shattuck et al., 2012, p. 90). For Rutter et al. (2009), the use of naturalistic
situations is crucial in determining how autistic abnormalities in social interaction are
displayed in daily life circumstances. Theorized as “a breakdown in a system of self-in-
relation-to-other” (Hobson, 2014, p. 11), it is perhaps no better understood than by
spouses who for years have shared all aspects of daily existence in an intimate
relationship within a family constellation.

**Previous NT/AS couples research.** Despite this knowledge, the lived experience of the spouses of individuals with AS has been remarkably neglected by researchers. This fact is all the more perplexing when anecdotal and clinical reports consistently highlight serious, even deleterious, effects on NT partners and their children, in terms of physical and psychological trauma, abuse, and neglect (e.g. Evans, 2010; FAAAS, 2010; Marshack, 2013; Thompson, 2008). Over four years of literature search identified one NASW instructional course on NT/AS marriage (Myhill & Jekel, 2008); one quantitative study on the topic of marital adaptation among NT/AS spouses (Renty & Roeyers, 2007); one quantitative study on autistic traits and marital satisfaction (Pollmann et al., 2010); one non-research literature-based doctoral presentation to therapists on the topic of NT/AS couples (Lorant et al., 2011); and, one literature review of extant research on NT life satisfaction in NT/AS couples (Bostock-Ling et al., 2012).

In line with the conclusion of Bostock-Ling et al.’s literature review, none of these articles provide quality scientific data or reliable research evidence regarding the nature of NT experience of marriage to a spouse with AS. Based on the body of NT/AS literature they reviewed, Bostock-Ling et al. noted that, in addition to design flaws, the studies tended to foreground the AS partner, which the authors suggested might help
account for the poor NT data quality. However, their general conclusion was that despite
the paucity of evidence-based research, “one conclusion that cannot be drawn from this
review is that the female partners of people with AS do not experience impairment in
their psychosocial wellbeing” (p. 102).

The quantitative study “Mediators of the Link between Autistic Traits and
Relationship Satisfaction in a Nonclinical Sample” (Pollman et al., 2010) found that more
autistic traits in men were associated with lower relationship satisfaction for those men,
but had no influence on their partner. None of the participants had received any form of
ASD diagnosis, and were selected using an abridged version of the Autism Quotient
(AQ), a self-reported 28-item Likert scale, recognized to be of limited use in reliably
identifying ASD, and not considered in the field as a diagnostic tool (Ritvo et al., 2011);
yet, severity of autistic traits was determined based on AQ score. The sample was
comprised exclusively of young newlyweds who had been married for an average of 10
months, a possible source of positive bias.

The quantitative study “Individual and Marital Adaptation in Men with Autism
Spectrum Disorder and Their Spouses: The Role of Social Support and Coping
Strategies” (Renty & Roeyers, 2007) revealed (a) informal support was a strong and
unique predictor of adaptation in both partners; (b) autism trait severity negatively
predicted spouses’ marital satisfaction, supporting the authors’ hypotheses; (c) a lack of
an association between partner support and individual adaptation in both men and
women, whereas the social support literature largely underscores the significance of
partner support for individual coping with stress; (d) approach behaviors as coping
strategies were not related to better adaptation; (e) adaptation for both men and women was not related to formal support from professionals or services. The nonutilization of formal support was interpreted by the authors as a reflection of reduced needs of the sample. Since most of the couples were raising one or several children with ASD, their circumstances raise the question of whether the quality and availability of formal support and services meet their needs. Whatever the case, a 21-couple sample poses a limitation to statistical power for a quantitative design, and a qualitative approach might have generated richer, more informational results.

**NASW instructional course.** While not a research article per se, “Asperger Marriage: Viewing Partnerships Thru a Different Lens” (Myhill & Jekel, 2008) is a thorough report written by two clinicians who have well over ten years of experience specializing in the AS client population and who provide targeted support to these families. The article is presented by the NASW in the form of a FOCUS Homestudy Course worth 1 CE, and offers the most information found in one source among the body of literature reviewed for the present study. The particularities of NT/AS adult relationships are insightfully rendered, and are grounded in multiple sources, including current AS research, rich NT partners support group data, and extensive NT/AS couples counseling.

The article also provides suggestions for interventions, sample lists of appreciated and challenging AS partner characteristics, NT reported feelings and reactions to an AS spouse, a resource list of recommended books on NT/AS marriage, and a 15-item multiple choice post-test to earn 1 CE. The article conveys many aspects of what it can be
like to be married to someone with AS, yet its deliberately impartial stance for the purpose of providing equal support to NTs and their AS partners possibly precludes aspects of NTs’ experience that might be upsetting for AS spouses to read. Thus, for the present study, a descriptive phenomenological model of inquiry was the scientific method selected to allow a focus on, and a dwelling in, the lived world of NT spouses as it is given, without categorizing, explaining, or generating theory (Finlay, 2011; Giorgi, 2012a; Wertz, 2011).

**Challenges to couples therapists.** Knowledge of AS, then, is based on the clinical experience of several therapists who specialize in working with this population, and on published personal accounts written by adults diagnosed with the condition (Bostock-Ling et al., 2012). However, these autobiographical accounts noticeably lack descriptions of the effects that their AS might have on others such as spouses and family members. In a study by Jackson et al. (2012), participants with AS demonstrated a limited capacity for self-understanding, confirming Hobson’s (1997) hypothesis regarding AS-related impairment in reflective self-awareness, which helps explain why the most reliable and valid diagnosis requires multiple reports to supplement the client interview (APA, 2013).

Contributing to clinicians’ difficulty in recognizing the disorder is the fact that by the time they reach adulthood, many people with AS have learned to appear to blend into the neurotypical world, making eye contact, maintaining successful careers, possibly attaining leadership in their professional field, marrying, and raising children (Mendes, 2013). Compensation strategies and coping mechanisms conceal their difficulties in
public, although the effort required in maintaining a socially accepted facade is an added source of significant stress (APA, 2013). Good to remarkable formal language mastery, coupled with normal to high IQ, masks the significant impairments in empathy, comprehension, and reciprocal social communication characteristic of those with AS (Coleman & Gillberg, 2012). For these reasons, AS is often referred to as the invisible or hidden disability, since physically, individuals appear perfectly normal (Roud, 2013).

These are some of the factors that help explain why NT spouses who suffer from the effects of their marriage to a partner with AS are unable to find support from family, friends, or therapists. Worse, a potential support network that is unaware of AS may result in the scapegoating of the NT partner, who is seen as intolerant, emotionally needy, or overly dependent (Mendes, 2013). Objectively, the source of NT/AS marital conflict may simply be attributable to a mismatch of needs and expectations (Myhill & Jekel, 2008), rather than to NTs’ emotional or social instability. Another challenge to therapists—and to NT partners—in couples counseling is that during a session, AS spouses may tend to say what they think their spouse wants them to say in order to avoid conflict, rather than expressing personal needs or concerns (Thompson, 2008).

When dealing with NT/AS clients in couples therapy, Myhill and Jekel (2008) emphasize that clinical judgment must try to identify that which is neurological, that which is personality, and that which is accounted for by gender, a unique combination of traits that characterize each adult with AS. At the same time, little is known about outcomes for those with AS who reach middle to late adulthood (Howlin & Moss, 2012), while the demand for expertise in treating these adults will continue to increase (Shattuck
et al., 2012). A study of the lived experience of NT spouses of AS partners that is
grounded in a theoretical framework of attachment and interpersonal neurobiology seeks
to contribute to a better understanding of (a) the most effective means to support NT
spouses, (b) the effects the two different attachment styles have on each other over time,
(c) which social factors possibly affect better outcomes in AS, and, (d) the mechanisms
by which intimate relationships help fulfill essential human needs.

Summary

Clearly, social contact in itself does not fulfill the fundamental human drive that
Baumeister and Leary (1995) conceptualize as the need to belong; rather, it is the quality
of one’s relationships that mediates a sense of connectedness (Hawkley, Thisted, Masi, &
Cacioppo, 2010; Peters, Rowat, & Johnson, 2011), as lonely and nonlonely people are
found to invest comparable amounts of time and shared activities with others (Heinrich &
Gullone, 2006). If the satisfaction of an intrinsic human need for connectedness depends
on interpersonal relationship quality over quantity, and its fulfillment has a vital impact
on our mental and physical health, then awareness of the factors which mediate
relationship quality appears essential to human understanding. In view of the
unprecedented aging of the world population, where older people will soon outnumber
children, it becomes urgent to consciously work toward sustainable social engagement for
optimal health and well-being into an extended late-life (WHO, 2012). It would seem that
knowing how to foster deeply satisfying social relationships would be the most cost-
effective response to maintaining healthful lifestyles and everyday functioning across
countries with varying resources and at different stages of economic development.
Chapter 2, the Literature Review, described and evaluated the various literatures and bodies of research that were consulted to support the choice of topic and methodology. Attachment and interpersonal neurobiology theory served to structure a synthesis of relevant current research published on the topic of adult romantic love, as well as marriage to someone with Asperger syndrome. Chapter 3, the Methodology section, offers a detailed description of the research design that was implemented to explore the lived experience of marriage to someone with Asperger syndrome.
CHAPTER 3. METHODOLOGY

Chapter 2 offered a comprehensive synthesis of the literature on fundamental features of marriage grounded in attachment and interpersonal neurobiology theory, which served to identify a significant lack of knowledge regarding the experience of neurotypical spouses married to someone diagnosed with Asperger syndrome. Chapter 3, the Methodology section, outlines a detailed description of the procedures and techniques employed to gather the data to most effectively describe what it is like to be married to a person with Asperger syndrome. Conformed to rigorous descriptive phenomenological science, each step of the research process is explicated sequentially, so that the steps may be performed by other researchers (Finlay, 2012a). Aligned with a qualitative approach, the features of the study’s methodology are organized under the following headings: (a) Purpose of the Study, (b) Research Design, (c) Target Population and Participant Selection, (d) Data Collection Procedures, (e) Guiding Interview Questions, (f) Field Test Results, (g) Data Analysis, and (h) Role of the Researcher.

Purpose of the Study

For any research to be ethical, it must have a clear purpose (Sydor, 2013, citing Hayter, 2010). The purpose of this descriptive phenomenological study is to address an important gap in the literature by exploring the lived experience of neurotypical spouses or former spouses (NT) married to someone who received a diagnosis of Asperger
syndrome (AS) at some point during the marriage. Adults involved over a number of years in an intimate, committed relationship with someone who has AS have accumulated a wealth and depth of experience not easily accessible to the outside observer. The vast majority of research attention has focused on childhood autism, while the disorder in adulthood is barely explored (Happé & Charlton, 2011; Tantam & Girgis, 2009), so less is known about AS during middle to late adulthood (Howlin & Moss, 2012), which helps to explain why adults with AS remain largely undiagnosed (Okamura et al., 2011), and why most psychotherapists lack working experience with these adults (Munro, 2010).

Compensation strategies and coping mechanisms conceal their difficulties (APA, 2013), so that by the time they reach adulthood, many people with AS have learned to appear to blend into the neurotypical world, making eye contact, maintaining successful careers, and possibly attaining leadership in highly respected professional fields (Mendes, 2013). Since individuals with AS can appear perfectly normal to the outside observer (Roud, 2013), systemic mechanisms of conflict in the marriage, the family, or the workplace may remain grossly misunderstood and ineffectively addressed. Among NT/AS couples, marital and parental status create an impression of the AS partner’s social integration, which helps to make AS a hidden disability and contributes to a general lack of awareness that special marital challenges may exist in the home.

Marriage to someone with AS can be undeniably difficult, largely due to a pervasive lack of emotional reciprocity (Simons & Thompson, 2009), leading to potentially serious mental health consequences for both members of the couple, their children, and their larger family systems (Grigg, 2008). It is common for NT spouses to
lack support from family, friends, or therapists; even worse, a potential support network’s lack of awareness of the effects that AS can have on intimate relationships results in the scapegoating of the NT partner, who is seen as intolerant, emotionally needy, or overly dependent (Mendes, 2013). This lack of validation of NTs’ personal experience risks intensifying their feelings of isolation, desperation, confusion, and helplessness (Aston, 2009); yet, a paucity of research addresses the experiences of NT spouses of partners with AS, information which could be instrumental to a better understanding of the specific challenges inherent in NT/AS interpersonal relationships and increase clinicians’ awareness of this growing client population (Bostock-Ling et al., 2012).

**Statement of the Problem**

To date, few studies have explored the effects of a neurodiverse marriage from the perspective of the NT partner, although anecdotal reports increasingly convey that NT spouses tend to be adversely affected by AS behaviors (Bostock-Ling et al., 2012). Despite growing evidence of the reciprocal effects on mental health of mental disorders such as autism among family members (Benson et al., 2011), the reciprocal effects on mental health between AS and NT spouses have not been the object of any published research studies (Ivey & Ward, 2010). In a systematic examination of peer-reviewed journal articles investigating adult NT/AS intimate relationships, Bostock-Ling et al. (2012) did not find a single good quality study that specifically addressed NT psychosocial well-being or recommended interventions for these partners. The authors highlight a need for empirical research that identifies the clinical problem and those outcomes which could be improved.
Therapists who do not discern how AS neurology impacts a family system risk compounding their clients’ presenting issues (Myhill & Jekel, 2008), but little attention has been given to the psychosocial and interpersonal functioning of these families (Pollman et al., 2010). Assessing AS becomes essential for the survival of a marriage, as is mutual acknowledgment of its diagnosis (Aston, 2011). Yet, because AS in adults is largely undiagnosed, when a partner or a couple seeks therapy, an important source of problematic symptoms remains unrecognized. Often it is the NT partner who is considered responsible for the relational duress (Rodman, 2003), usually the female due to the heavily male-skewed AS diagnosis rate of 8:1 (Abrahams & Geschwind, 2008; Roy et al., 2009; WHO, 1992). The present study, then, sought to fill a gap in the literature by increasing our understanding of the lived experience of NT spouses of individuals with AS.

**Practical Implications**

In addition to professional limitations in accurate diagnostic discernment, very little is known regarding therapeutic treatment modalities for this population (Stoddart et al., 2012). In fact, mainstream therapy is known to exacerbate NT/AS couples’ presenting problems, and intensify their feelings of alienation, so the attrition—and divorce—rate among these clients is tragically high (Aston, 2012; Bliss & Edmonds, 2008). It is believed that by describing their lifeworld, NT spouses would offer levels of personal experience rarely accessed by outside observation, increasing our awareness of their personal strengths and struggles.
Few treatments have been developed for adults with AS (Eack et al., 2013), partially because a feature of their neurological profile includes a limited capacity for self-understanding, or the ability to engage in the transformational process of reflective self-awareness that typifies psychotherapy. Therapists must know how to modify their techniques to adapt to the AS individual’s unique thinking and communication style (Gaus, 2011), and couples counseling will require a very different approach in methods and language use on the part of practitioners. Particularly relevant for this study, the essential question of whether counseling or psychotherapy is able to provide help for NT/AS couples lacks research evidence (Tantam, 2013).

In the meantime, because the neurodevelopmental profile of AS allows for little amplitude in adaptive behavior, marital success will largely depend on the NT spouse’s ability and willingness to adapt her behaviors to accommodate the multiple needs, unique cognitive style, communication limitations, multisensory sensitivities, and executive functioning deficits of her AS partner (AANE, 2013). Through a phenomenological mode of inquiry the personal meanings that emerged from first-hand in-depth accounts can be useful in helping others to grasp the ways in which AS neurology might impact NT spouses individually and the family system as a whole. By inviting NT spouses to describe what it is like to be married to someone with AS, our increased understanding of their reality should contribute to better awareness of a previously unrecognized source of problematic symptoms of the psychosocial and interpersonal functioning of these families.
Research Question

Moustakas (1990) highlights simplicity, concreteness, specificity, and clarity as the qualities that Kierkegaard required for a good question—all qualities which are not as straightforward as they seem. To craft the research question, then, it was important to ensure that each word be carefully chosen as these words would reflect the intent and purpose of the study. Thus, the original research question was submitted to six field-experts for their comments. Taking into account these various considerations and applying them to the problem, the research question formulated for this study was:

*What is it like to be married to someone diagnosed with Asperger syndrome?*

Research Design

Qualitative Methodology

The design of a research project is defined by the nature of the research question. The research question posed in this study directs investigation toward a particular human experience about which very little is known, so a qualitative research design was deemed most appropriate to examine the topic in an exploratory manner. A qualitative mode of inquiry is considered to be the most effective way to answer the question for three reasons. First, lived experience as narrated by NT spouses was believed to yield the data that would create an understanding of NT/AS marriage, a phenomenon about which very little is known. Second, the results generated by this form of qualitative research would illuminate client experience and be immediately useful to clinicians and the therapy process (Kisely & Kendall, 2011). Third, the topic of this study was deeply grounded in
such constructs as love, marriage, empathy, and feeling felt which were most faithfully evoked by the multilayered, nuanced techniques a qualitative method allows.

**Phenomenological Model**

Giorgi’s (2012a) descriptive phenomenological model was selected to guide data collection and analysis, as it is considered by experts in the field to rigorously mediate the philosophy of Husserl, the father of phenomenology, into a scientific methodology (Cloonan, 2012). Indeed, psychological investigation, as a true science, applies established methods to acquire information, adhering to specific rules to determine the information’s validity (Bordens & Abbott, 2011). The phenomenological research approach allowed a focus on, and a dwelling in, the lived world being investigated (Wertz, 2011), without categorizing, explaining, or generating theory (Finlay, 2011).

**Design coherence.** Because anecdotal evidence attests to a lack of validation that seems to characterize NT experience and intensify the duress of their situation, it was particularly important to choose a methodology that leveled power hierarchy. With its emphasis on doing science with participants rather than on subjects, a feminist phenomenological approach (Stein, 1959/1996) ensured design coherence by preserving this ethical and conceptual value. Indeed, empowerment of participants is naturally assumed when the truth lies in their perspective, not that of the assessors (Kisely & Kendall, 2011), an epistemological assumption inherent in a feminist phenomenological approach.
Role of emotions. For the present study, this quality of being with participants was consciously pursued in specific ways. By combining feminist philosophy and interpersonal neurobiology, the mind-body positivist dichotomy sought integration with the researcher becoming the embodied instrument of investigation. Labeled iterated empathy by feminist phenomenologist Edith Stein (and Husserl’s hand-picked teaching assistant), the process of perceiving another’s experience and ascribing intentional acts requires that each must identify the other bodily (Beyer, 2013, citing Stein, 1917). The fact is “not only are the emotions allowed in qualitative research, they are crucial. Because entering the meaning-making world of another requires empathy, it is inconceivable how the qualitative researcher would accomplish her goal by distancing herself from emotions” (Ponterotto, 2010, p. 583, citing Sciarra, 1999). Aligned with Ponterotto, the emotive interaction involved in data collection and analysis of the present descriptive phenomenological study was perceived as transformative for both researcher and participant, contributing to the process of meaning-making.

Rigor, Relevance, Resonance, and Reflexivity

In the field of phenomenology, Finlay (2011, citing Finlay & Evans, 2009) proposes rigor, relevance, resonance, and reflexivity as criteria to critically evaluate a study. Rigor was applied to in the present study by ensuring that the methods of data collection and analysis were consistent with Giorgi’s (2012a) descriptive phenomenological research model. Relevance of the study was reflected in the contribution made by identifying and addressing a gap in the literature, to increase our understanding of and capacity to support NT spouses and NT/AS couples. Resonance
was pursued by effectively communicating the findings to draw the reader in emotionally
(also, Ponterotto & Grieger, 2007). Finally, *reflexivity* refers to the moral qualities of the
researcher which include self-awareness, ethical integrity, acknowledging the limitations
of the findings, and checking potential abuse of power. Ponterotto and Grieger point out
that it is the characteristics and content of *publishable qualitative writing* which help
ensure a study’s credibility; these include owning one’s perspective, situating the sample,
grounding in illustrative examples, and presenting integrated results as opposed to simply
listing and describing themes. The aggregate of these suggested criteria comprised the
standard by which this study was evaluated.

**Target Population and Participant Selection**

It has been formally recognized by the American Psychiatric Association in the
*DSM-5* (APA, 2013) that NT spouses are able to provide invaluable inside information
toward establishing the most reliable and valid clinical diagnosis of AS in adulthood, in
part due to their normally developed theory of mind skills and their long-term experience
of living intimately with someone who has AS. Most of all, it is the NTs themselves who
are most qualified to offer a better understanding of their lifeworld. The population
targeted for this study was defined as neurotypical adults whose life experience includes
marriage to someone diagnosed with Asperger syndrome.

Locating potential participants for this study was not a straightforward enterprise.
Diagnostic confidentiality stood as a normal barrier to inhibit ease of clinical access to
NT/AS client couples, especially for a student researcher without a professional network
of any kind. Also, because AS is rarely diagnosed in older adults, at the moment very few support or therapy groups exist for spouses of people with AS, and those that are identifiable are small in size and scattered across the U.S. It is expected that these groups become quite common in the near future, because of the significant rise in diagnosed cases of autism spectrum disorders and increased awareness of AS in adults, but at the time of this research study, NT spouses could be considered a hard-to-reach population. The current literature suggests “overall that thoughtfulness about sampling procedures is critical for the success of any qualitative research project” (Abrams, 2010), and recruitment for the present study required extra thought regarding multiple aspects of this portion of its design. Haverkamp and Young (2007) recommend that researchers be flexible during the early stages of the research design planning process, because of difficulty knowing what the availability of some resources might be.

**Locating an adult NT/AS network.** In anticipation of the obstacles to recruitment that these factors would likely create, it appeared vital to be able to connect with a community of NT/AS adults that was dedicated to adult issues as opposed to the ubiquitous NT parent/AS child forum. The dilemma was resolved with the discovery of an active NT/AS support organization providing professionally led groups for NT partners of adults with AS. The organization provided a physical operation and a team of professionals accessible by phone or office appointment, rather than the usual website formats of similar purpose. Thus began an individual membership personally established several years prior to the recruitment phase of this dissertation which allowed ample occasion to cultivate rapport and become a part of this dynamic community.
Relocating for research. Abrams (2010) notes that qualitative sampling “is almost always assumed to be naturalistic, in that it takes place in ordinary settings where people ‘do’ their lives” (p. 539), and it became clear that it would be necessary to travel to wherever a population of NT spouses of AS partners could be found. With its highly transmissible genetic component (Sadakata et al., 2013), and a propensity for STEM occupations (Baron-Cohen et al., 2001; Grandin & Panek, 2013), the distribution of autism spectrum conditions is understood to be higher than normal in geographical areas where high-technology industries attract engineers, mathematicians, and computer programmers (Silberman, 2001). Silberman, who is a renowned author with AS, highlights sites such as Silicon Valley, NASA, and Massachusetts Route 128 as examples of remarkably high spiraling ASD caseloads. Therefore Boston appeared attractive as a potential recruitment site with its incomparable concentration of STEM-related activities in industry and academia.

With a committee-approved research plan in hand, the researcher moved to Boston for the purpose of facilitating recruitment and interview logistics, planning to conduct individual in-person interviews at the public library of the participant’s choice. As a Cambridge resident, the researcher acquired membership to the Cambridge Public Library (CPL) for the purpose of gaining access to the rooms that would theoretically provide a neutral location to conduct participant interviews. However, once on site, it was discovered that the wider Boston area public library network’s policy on private room use

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3 The term STEM refers to the academic and professional disciplines of science, technology, engineering, and mathematics (Gonzalez & Kuenzi, 2012).
was based on a first-come/first-served basis, and did not accommodate reserving a room in advance, contrary to CPL website information consulted beforehand. It was important for confidentiality that a private room be made available for participant interviews and untenable to schedule tentative appointments with participants under such precarious conditions. Therefore, a design based on in-person interviews was abandoned and replaced with an online face-to-face teleconference study design, an important modification of the research plan, but one that proved to be unexpectedly advantageous for reasons that will be outlined in the Data Collection Procedures section.

Personal visits to a professional gatekeeper at the facilities of an ASD support organization provided ongoing counsel regarding the most ethical and effective ways to recruit participants. It was important to the researcher that extra effort be made to maintain trust and transparency with the gatekeeper since the researcher was from out-of-state and not previously directly involved with the organization other than online membership at a distance. Weekly supervisory sessions were held throughout the recruitment and data collection phases of the project, enriched by the fact that the gatekeeper is a professional provider of psychological support who specializes in adult NT/AS relationships, as well as Coordinator of Partners’ Services. The research plan was first submitted to the Capella University Institutional Review Board (IRB) for a thorough assessment of potential risk of physical, psychological, social, economic, or legal harm to participants (Creswell, 2009), before any engagement with persons eligible for the study.
Sampling Procedures

Recruitment of Volunteers

Online recruitment offers a wide range of possibilities for making contact with hard-to-reach populations, including social networking sites, chat rooms, special interest groups, and forums (Sydor, 2013). The speed involved in online communication is both a benefit and a risk for spreading information prematurely, especially when several different people are implicated in the treatment of the recruitment materials. Special care was taken in handling the sequential diffusion of the various IRB-approved recruitment documents presented here. All of the materials were required by the IRB to achieve rigorous content consistency before they were approved, and conformity to the new DSM-5 diagnostic terminology required that autism spectrum disorder be mentioned in all materials in addition to Asperger syndrome.

Formally documented site permission was granted by the organization’s executive director to recruit participants for the study from among the individuals who use their services. A recruitment invitation link was posted on their website, and an announcement was posted to the online support groups mediated by the Coordinator of Partners’ Services. It alerted group members to the study in a neutral way, introduced the researcher, briefly explained the nature of and reason for the study, listed eligibility criteria, mentioned the gesture of appreciation gift card, and indicated the ways volunteers could contact the researcher.
Selection of Participants

A purposive sampling strategy ensured that specific participants were selected to be in the sample by a deliberate method that was not random: participants shared common characteristics, thus forming a homogenous sample not recruited from the general population (Trochim & Donnelly, 2008), based on the belief that it was the one from which the most could be learned (Suzuki, Ahluwalia, Arora, & Mattis, 2007). It is helpful to clarify that although the term “sample” can be found in qualitative literature, Morrow (2007) finds it misleading, since a sample implies a population to which findings are to be generalized, which is not the case in phenomenological research; she suggests that the term “selection” better evokes the purposeful nature of choosing participants.

Sample size. A sample size of 10 participants was used, based on Capella University requirements for phenomenological dissertation studies. Recruitment did not surpass the cut-off point of 10 for three reasons. First, the number of participants should be small to allow many meaning units to be differentiated during data analysis (Giorgi, 2012a). Second, there is no attempt in phenomenological research to cover the full range of experience within a topic, so a large sample size was not required (Malterud, 2012). Third, the purpose here was not to generalize to a broader population or generate theory, but to describe essential elements of a psychological phenomenon, which can be obtained using only a few participants (Giorgi, 2008).

At the start of the selection process, the number of volunteers and, among those, the number of qualifying participants who would be interviewed for the project was
unknown, although difficulty recruiting an adequate sample size was not anticipated due to (a) its 10-person limit, (b) the vast geographical coverage afforded by the Internet, and (c) a general public interest in AS-related websites. Remarkably, within two minutes after the announcement was posted to online support groups by the Coordinator of Partners’ Services, volunteers began contacting the researcher by email to express their interest in participating in the study. The first ten individuals who met the eligibility criteria comprised the sample formed in just several weeks—from mid-December through New Year’s. In less than one month following the announcement posting, all ten of the interviews had been completed.

Volunteers chose to initiate contact with the researcher by email, with the exception of one individual who preferred contact by phone for special confidentiality concerns that will be presented in the Limitations section of Chapter 5. The researcher replied to the volunteers by proposing a brief pre-interview screening phone call comprised of five questions, the purpose of which was to determine eligibility, English fluency, and cogency of cognitive processes, as well as to begin to establish rapport. When appropriate, an interview was then scheduled.

**Inclusion criteria.** To be eligible to participate in the study, the following inclusion criteria were required and identical across the Recruitment Invitation, Pre-interview Screening Script, and Informed Consent Form in order to achieve consistency.
1. Volunteers were currently or formerly married for at least five years to someone who received a formal diagnosis of AS/ASD at some point in the marriage.

2. Before committing to marriage, neither spouse was aware that one of them had AS.

3. Volunteers had no reason to believe they have AS themselves.

4. Volunteers were equipped to access the WebEx videoconference website.

5. Volunteers were over the age of 18 years.

**Rationale for specific eligibility criteria.** It was important to the project that the marriage had a five-year history or more. Since the purpose of the study was to gain insight regarding the interaction of NT and AS cognitive styles and its long-term effects on the NT spouse, relationship duration was considered an essential factor within a theoretical framework grounded in relational disorders and interpersonal neurobiology. Along with minimum duration, the requirement of marital status was of particular significance to this study, because clinical and anecdotal evidence suggests that individuals with AS tend to hide the traits related to AS during courtship to blend inconspicuously into the NT world; once a legally binding marital commitment is firmly established between the two partners, these adaptive efforts are abandoned (Aston, 2009; Bentley, 2007; Moreno et al., 2012; Thompson, 2008). Note that the dissimulation process concerns idiosyncratic traits and not awareness of the disorder per se; for this
study, both partners were unaware that one of them had AS at the time of marriage, so that the NT’s experience of being married to someone with AS was unprepared.

The population under study was by definition neurotypical (NT) and participants had no reason to believe they might have AS. This is because it is the interaction of the NT and AS cognitive styles, or their neurodiversity, that the study sought to explore. The spouse with AS must have received a formal diagnosis from a mental health professional, e.g., neurologist, psychologist, in order to increase the study’s reliability. Since there are so few specialists who diagnose AS, and because the AS diagnostic process is long and costly, many individuals self-diagnose, are partner-diagnosed, simply suspect they have AS, identify with the AS subculture, or score themselves using online questionnaires (Bostock-Ling et al., 2012; Simone, 2010; Stoddart et al., 2012). A self-diagnosis was considered not rigorous enough for a serious research study destined for refereed publication; moreover, a sample size limited to 10 individuals allowed for the highest level of diagnostic rigor in selecting participants.

For an Internet-based design, access to the WebEx Meetings videoconference website via a computer was required in order to be able to participate in an online interview. Wilkerson Iantaffi, Grey, Bockting, and Rosser (2014) point out that 82% of all adults in the U.S. use the Internet, according to current Pew Research statistics, reflecting a narrowing of the so-called digital divide. However, at no point in the design, recruitment, or data collection process was the question of technology an issue, due to the population’s particular IT-literate profile. Indeed, as is frequent in NT/AS marriages, several of the participants in this study reported that all meaningful conversations with
their AS spouses were exchanged by email rather than face-to-face, because of the difficulties in nonverbal communication that characterize AS. That a phenomenological study is not concerned with representative sampling was added justification for not trying to reach the remaining 18% of the population who does not use the Internet.

Legal adult status and marriage duration was controlled by comparing a participant’s stated age and stated date of birth, which not only tested the validity of the responses and allowed for error correction, but also helped the researcher discern whether a volunteer had the cognitive aptitudes necessary to participate in the study. Screening for English language fluency during the initial pre-interview phone contact ensured that the researcher could reasonably understand what a participant was saying almost all of the time. This would be essential for mutual communication during the interview, as well as for facilitating transcription of the interview and data analysis. Fluency is an issue in all types of research, and a common exclusion criterion.

Not necessarily due to ethnic-related language disparity, a lack of fluency can entail speech impediments or pragmatic language impairment (PLI) symptomatic of ASD, ADHD, or traumatic head injury, among others. This said, excluding a volunteer from the study for any reason at all required tact and diplomacy on the part of the researcher, and was best applied on a case-by-case basis for optimal respect of the volunteer. Concerning the present project, among all who volunteered, only one individual was excluded from participating in the study, based on her refusal to be recorded, a government security protection measure related to the nature of her spouse’s employment, and further explicated in the Limitations section of Chapter 5.
Immediately following the pre-interview screening phone call, a welcome letter was emailed to the participant that reiterated the purpose of the study, provided precise information about how the interview would be conducted, outlined specific confidentiality protection measures used by the researcher in data treatment, and explained the informed consent procedures. Informed consent was obtained to document participants’ understanding of the purpose of the study, data collection procedures, their rights, the protective measures taken to ensure strict confidentiality, the limits of these measures, and their agreement to be video recorded. Participants scanned and returned their signed copy of the form to the researcher by email.

Risk Assessment

How the benefits of a study justify its risks is an essential ethical concern for all research. According to the Coordinator of Partners’ Services whose work focuses on this population, spouses and former spouses of partners with AS were expected to find the research interview a welcome source of comfort and validation by being listened to, while being aware that the contribution of their experience would augment scientific knowledge and potentially help others. The present study was characterized as involving minimal risk to the participants, and recognized as such by the IRB. There was a negligible risk to participants’ spouses or former spouses diagnosed with Asperger syndrome, due to the NTs’ disclosure of their spouse’s AS diagnosis, necessary to conduct the study. This is why it was especially important to protect the identities of both the participants and all individuals to whom they referred by name during the interview. While AS pride is a growing movement as a "difference" minority among those who
voluntarily identify with the profile, any potentially negative reactions such as embarrassment, stigmatization, legal liability, risk to employability, and impact to reputation, were rigorously avoided. The protective measures taken are outlined in detail in the Data Management and Security Plan section below.

**Data Collection Procedures**

The literature indicates that the Internet is increasingly being used across disciplines as a viable means to generate qualitative data; in fact, online qualitative data collection is considered to be equivalent and in some cases superior to in-person interviews (Wilkerson et al., 2014). Without sacrificing research rigor, an online format proved advantageous to the present study for numerous reasons. First, the hard-to-reach NT population became worldwide, helping to quickly attain the desired sample size. Second, data collection became significantly more affordable and better aligned with the reality of budgetary constraints, as there was no financial burden for researcher or participant. Third, the online conference medium offered the benefit of an audio-visual recording that greatly enhanced transcription and analysis.

Finlay (2011) suggests that confidentiality, privacy, comfort, and emotional safety should be ensured for the duration of the interview. With an online format, no occupancy permission was required for the meetings, and the location was convenient for participants. Participants benefited from the innumerable practical aspects of the in-home interview, including ease of infant and child care, comfort of the surroundings, no travel obligation, and no need to cancel on a snow day, for example. Without the researcher
physically entering participants’ homes, participants were nevertheless visible in their home environment which added unexpected texture to the interview experience. In several cases the AS partner entered the room and briefly engaged with their spouse which enriched the emotional content of the interview and enhanced researcher-participant rapport. Ettling (1998) speaks of the sharing of personal experience as a space of sacredness and the importance of setting a tone of reverence, which the choice of location helped to enhance, while Morrow (2007) notes that the environment in which the research is conducted contributes to participants’ meaning making and should be reported, and will be in Chapter 4.

Single 120-minute interviews were conducted individually via the Cisco WebEx Meetings videoconference website. At the start, participants’ understanding of informed consent was reviewed. A few open-ended, non-directive questions guided the in-depth semi-structured conversational interviews, but these participants rarely needed prompts to drive their narratives. Each interview was digitally video-recorded, an option provided by WebEx that was extremely easy to use; however, in one case, the researcher forgot to launch the recording option and a second interview was conducted at a later date. It should be noted that two-party videoconferencing is offered by WebEx for free, with no potential long-term financial obligation, which made it the website of choice for this study. The interviews were high in emotional content, interspersed with tearful pauses, and the majority of the participants manifested a strong desire to prolong the session beyond the two-hour limit. As Finlay (2011) suggests, care was taken by the researcher to end the interview in a gentle manner, out of respect for the personal character of
participants’ stories, in an effort to ensure emotional safety. Following participants’ cues indicating a natural stopping point, a period of small talk between the participant and the researcher ensured that the interview was gradually brought to a mutual close.

**Participant appreciation.** Immediately following the interview, a personalized thank you note was emailed to participants, using an IRB-approved follow-up thank you form. From the website GiftCards.com, the researcher ordered a $25 VISA gift card embossed with the participant’s first and last name, accompanied by a short thank you reminder note from the researcher, and sent by postal mail to the participant’s home address by GiftCards.com. Per IRB instructions, in all documents that mention the $25 gift card, the sentence was worded in a way to avoid suggesting that the gift card was an incentive to participate in the study, but rather a gesture of gratitude for having participated.

**Data and Safety Management Plan**

**Data management.** Online videoconferencing allowed participants to choose their own location, and the researcher was alone in her home without interruption to ensure strict confidentiality. As a worldwide service to professionals, WebEx Meetings videoconferencing uses secure 128-bit AES encryption, a secure socket layer (SSL), and U.S. government-standard Internet protection, and Internet communications are widely protected by hypertext transfer protocol secure (HTTPS). However, invasion by hackers cannot be barred completely (Wilkerson et al., 2012, citing Gaiser, 2008). The risk that the interview could be viewed by unauthorized parties was addressed during researcher-
participant review of the Informed Consent Form under the section "Will I Be Recorded?" Normally a minimal risk, the level of IT expertise among some spouses or former spouses with AS made Internet security a non-negligible concern for this project that justified the use of a protected interview medium.

The recorded interviews were stored on the researcher's personal laptop, and passcode protected to ensure inaccessibility of the recordings in case of loss or theft. The interviews were transcribed verbatim (Giorgi, 2012a), and the recording format allowed for intensive dwelling in verbal and nonverbal communications of each participant. Initials replaced all names in order to protect the identity of the participants and their AS partners as stipulated in the written consent form. In creating the profiles for data analysis, pseudonyms were selected that sought to be respectful of the gender, age, ethnicity, and inherent dignity of the participant (Seidman, 2013). Following their transcription as Word documents, the video recordings and their transcripts were transferred to discs, deleted from the computer, and securely stored in a locked fireproof file cabinet in the researcher's private office. They will be physically destroyed seven years following completion of the study.

**Participant safety management.** The participants in this study were recruited from support groups led by mental health service providers who have extensive experience with the adult population of neurodiverse married couples or divorced partners. Participants in this study did not constitute an at-risk population, first because they were not the diagnostic target. Second, the research design allowed them the freedom to choose what they wished to reveal rather than submitting to potentially
invasive tests or questionnaires imposed by the researcher. Participants' spouses or former spouses diagnosed with AS were not directly involved in this study, and intramarital communications within these couples extended beyond the control or responsibility of the researcher. Nonetheless, the support organization provides services to partners as well as to those with AS, and a team of experienced mental health service providers who were aware of this study were readily available to address the needs of both. Since counseling and social support services are offered to NT/AS adults both in office or online, no one was excluded from support services due to geographical location.

**Researcher effectiveness.** Data accuracy and protocol compliance must be ensured for all research studies, whatever the degree of risk. Regular consultation of the researcher's mentor and of her peer supervisor, as well as ongoing vigilance regarding the researcher's self-care regimen were actively pursued to ensure optimal data accuracy and protocol compliance. In phenomenological inquiry, descriptions are sought of the meaning of a phenomenon experienced from the point of view of the person who had the experience, and the researcher is guided by a specific scientific method of analysis to identify a central meaning or “essence” of the experience; thus, data accuracy and protocol compliance in the case of phenomenological research largely depends on the writing skills of the researcher (Finlay, in press), believed to effectively improve with adequate self-care.
Guiding Interview Questions

The proposed study sought to explore what it is like for neurotypical (NT) individuals to be married to someone who has Asperger syndrome (AS). Since little is known about their lifeworld, a descriptive phenomenological approach was considered most appropriate to address the topic under study. In-depth conversational interviews using a few non-directive open-ended questions were used to invite participants to describe the experience of living with a spouse who has AS. Since counseling and interviewing use overlapping skills, the researcher was careful to remember who was helping whom to pursue their goals; contrary to a therapy session, in research it is the participant who has volunteered to help the researcher, and both must be careful not to forget goals and switch roles (Polkinghorne, 2005), which would alter the nature of the exchange, and likely that of the guiding questions as well.

Morrow (2005, citing Kvale, 1996) outlines criteria for good quality interviewing: short interview questions that garner long answers, verification and clarification of responses throughout the interviewing process, and posing only a very few interview questions which leaves room for stories and deeper meanings. Drawing from Seidman (2013), the proposed guiding questions covered three phases of the participants’ experience: (a) past marital experience in light of their present situation, (b) concrete details of the experience of the discovery that their spouse had AS, and (c) reflections on the meaning that the AS diagnosis holds for them. A field test was conducted by sending the research question, research topic, and interview questions to six field-experts for their comments.
Field Test Results

The experts selected for the field test are authors whose publications undergird the present study, which is how their email addresses were obtained. Five of the field-experts have extensive, specialized clinical experience working with NT/AS couples, and one field-expert is an internationally recognized authority on phenomenological research methodology. Five of the six field-experts responded to the field test invitation, and among these, four initiated follow-up emails with additional comments to augment their original responses. Their expertise and collegial encouragement provided the means to achieve exceedingly more effective alignment between a better research question and better interview questions, contributing to a study of higher quality.

Revised Research Question

What is it like to be married to someone who has Asperger syndrome?

Revised Proposed Dissertation Title

Spouses’ lived experience of marriage to someone with Asperger syndrome.

Revised Interview Questions

1. Please describe in concrete terms a typical experience that shows me what it is like to be married to _.

2. Please describe specific ways your own personal life has been affected by the presence of AS in your marriage.
3. How has the presence of AS affected your own relationships with your children, your extended family, your friends?

4. Please tell me about any individual counseling you may have received in relation to the AS, before you knew it was AS.

5. Would you please describe specific experiences of couples counseling you may have sought before being aware that your spouse had AS?

6. Would you please describe your role and involvement in the diagnostic process, in chronological order and in as much detail as possible?

7. How has your spouse’s AS diagnosis had an impact on just you individually? How did you feel at first? How did you feel a month later? How do you feel about it now?

8. In what specific ways has the diagnosis had an impact on how you and your spouse relate to each other?

9. Please tell me about any personal experience of couples counseling you may have received following the diagnosis.

10. Please describe in detail ways you think you personally have changed over the duration of your marriage.

11. Given what you have said about your experience being married to someone with AS, please reflect on the meaning this has for you today.
12. Regarding marriage to someone with AS, what else would you like to share that we may not have covered yet?

It should be noted that the field test served as one step in the refinement process of the study design, albeit a very effective and personally enriching one. The discrepancies between the field test results and the final design elements of the study are due to (a) further suggestions spontaneously offered by the field-experts once the test was finished, (b) the disappearance in the DSM-5 of Asperger syndrome as a diagnostic category during the design process of this research study, and, (c) IRB requirements.

**Data Analysis**

Based on previous experience as a research study participant, no handwritten notes were taken during data collection, because the process distracts from face-to-face communication; also, note-taking communicates visual cues to the participant as to what the researcher considers important, providing subtle directives that risk influencing the data. Equally important, the concept of embodiment first elaborated by Husserl and Merleau-Ponty was practiced throughout the data collection, transcription, and analysis phases of the study. By being fully present through reflexive embodied empathy (Finlay, in press), the researcher attempted to maintain awareness of physical resonances within her whole body-self to whatever was presented to her consciousness by the participant.

**Giorgi’s Descriptive Model**

A transparent description of the data analysis process is essential to the study’s credibility (Creswell & Miller, 2000). Consistent with descriptive phenomenological
psychological research, eidetic analysis as originally developed by Husserl (1913/1962, cited in Wertz, 2011) was used to identify and clarify the essence or invariant meanings of the phenomenon (Creswell, Hanson, Plano, & Morales, 2007; Giorgi, 2012a). Based on Giorgi’s (2012b) indications, the following steps were taken to analyze the content of the transcripts. While maintaining a psychological perspective and a special sensitivity to the topic, the researcher assumed an attitude of phenomenological reduction throughout all five steps of the process, refraining from incorporating any previous knowledge about NTs’ lived experience with partners who have AS, to focus exclusively on what was given by the participants.

1. The entire description was read to get a holistic sense of the data, an open reading (Wertz, 2011) with no aim or agenda.

2. The description was reread. Each time the researcher sensed a transition in meaning, that place was marked in the text, beginning the process of discriminating manageable parts, or meaning units. Each researcher will have different meaning units, since these are related to the researcher’s attitude and sensibilities. The researcher’s body itself was used as a source of implicit knowing, based on the philosophy of Gendlin (1962, cited in Rennie, Bohart, & Pos, 2010), and was employed in the sensing of another person through reflexive embodied empathy (Finlay, in press).
3. The meaning units were transformed into expressions which reflect the psychological value of what the participants said. This step is the heart of the method (Giorgi, 2012b), and the most difficult (Wertz, 2011).

4. The transformed meaning units served as the basis for presenting a meaningful organization of the study’s explored phenomenon as a structural whole, using free imaginative variation.

5. This essential structure, i.e., the description of the psychological essence of the experience, served to assess the findings in relation to the raw data.

No software programs were used to assist with data analysis, so that the researcher could maintain fluid body movement, and manually handle the transcripts during the analysis process for optimal dwelling in and lingering with the data. Computer software is not absolutely necessary, in any case, as the material can be marked manually using colors and numbers, for example (Malterud, 2012). In fact, the mention of software is rarely found in phenomenological research literature (e.g., Finlay, 2011; Giorgi, 2012a; Wertz, 2011).

Role of the Researcher

In phenomenological research, the topic studied is of personal significance, and it is expected that one’s personal history is what brings the topic into focus (Moustakas, 1994), which was the case for the present study. Three decades of marriage to a spouse with AS was reframed from the researcher’s lens as a single-case longitudinal study encompassing every aspect of daily living, considered to be of special value in
understanding the problem, since (a) much of married life will never be accessible to outside observation, and (b) the researcher’s spousal role was not that of an inside observer, so that a truly authentic lifeworld was preserved from any modification that comes from its being observed. Giorgi (2012a) explains that “the research situation can never be identical to its lifeworld counterpart” (p. 59), suggesting that spouses of someone with AS possess an incomparable expertise regarding NT/AS marriage.

It was ineluctable, then, that the researcher would bring her subjective self into the research, requiring the acknowledgment of researcher bias. *Bias* is defined as “personal issues that make it difficult for researchers to respond objectively to the data” (Hill et al., 2005, p. 197, citing Hill et al., 1997). Combined with personal experience, the researcher had previously acquired an extensive familiarity with the AS literature, enriched with attendance at national conferences given by recognized specialists in the field.

Hill et al. (2005) recommend conducting a thorough literature review before data collection in order to identify what remains unknown and inform the research questions and interview protocols, which the researcher did from 2009 to 2014. Self-awareness and bracketing measures were thus necessary to suspend theories, assumptions, and judgments, and view the phenomenon with “curiosity and disciplined naïveté” (Finlay, 2011, citing Giorgi, 1985). The bracketing process entails the capacity for “distinguishing the past from the ongoing [research] experience” (Giorgi, 2012a, p. 93), and several specific strategies were employed to sharpen awareness of this distinction.
The self-care habits required of health professionals for ethical reasons were pursued throughout the data collection and analysis phases of the study. Self-care served to optimize vigilance vis-à-vis the potential for emotional triggering, and to sharpen discernment between what is past and what is present. Self-care strategies included daily walks, healthy diet, and regular sleep. A therapeutic source was useful throughout the data collection process, since the topic touches the researcher personally. An experienced professional provider of psychological support who specializes in NT/AS relationships agreed to therapy sessions with the researcher.

**Summary**

Chapter 3, the Methodology section, outlined a clearly detailed and exact description of the qualitative procedures and techniques employed to conduct the present research study, considered to most effectively address an identified gap in the literature. Conformed to rigorous descriptive phenomenological science, each step of the research process was presented sequentially, so that the steps may be performed by other researchers in the future (Finlay, 2012a). Chapter 4, the Results section, will begin by describing the researcher’s interest in the topic of the study, and the personal motivation driving its investigation. This is followed by a description of the participants of the study, a detailed account of the way Giorgi’s descriptive phenomenological model was used to guide data analysis, and finally, a presentation of the data organized into revelations of psychological import.
CHAPTER 4. DATA COLLECTION AND ANALYSIS

The purpose of this phenomenological study was to explore what it is like to be married to someone with Asperger syndrome. A rationale to justify the study was outlined in Chapter 1, the Introduction, grounded in the extant literature. The aim of Chapter 2 was to present and evaluate the various literatures and bodies of research that were consulted to support the choice of topic, its theoretical orientation, and the selection of the research design used for its investigation. Chapter 3, the Methodology section, outlined the qualitative procedures and techniques that were employed to guide the phenomenological research study, for an approach considered to most effectively address a topic about which little is known.

Chapter 4, Data Collection and Analysis, begins with “The Study and the Researcher” to explain the process by which the topic and the research question were selected for the study, including a reflection on the personal motivation that inspired the project. In “Research Methodology Applied to the Data Analysis,” the essential methodological steps of the phenomenology of Husserl and Merleau-Ponty are featured in the context of their application to structure the process. “Description of the Sample” offers a demographic overview of the participants, and a description of the interview conditions pertinent to the findings. “Presentation of the Data and Results of the
“Analysis” uses free imaginative variation to transform meaning units into revelations of psychological import, using a love poem to create a tension that might more effectively convey the lived experience of NT spouses in terms of intimacy needs, expectations, and psychophysiological effects of the phenomenon under study.

Introduction: The Study and the Researcher

Feminist Research

Feminist theory has influenced the way in which the self is used in research as well as in therapy, whereby dialogical and relational perspectives for understanding human behavior are acknowledged and incorporated into a way of being with a client, as in feminist therapy, or with a participant, as when using a feminist research framework of inquiry. A feminist approach to psychology seeks working collaboratively to increase awareness of systems of oppression, and cultivates an eye for all forms of expression of power imbalance with a desire to rectify them using concrete means (Brown, 2012). These concrete means include an emphasis on the relational dyad over the individual (Reis et al., 2013; Robb, 2006), and a quality of being with over doing for (Hughes & Cohen, 2010; Kass, 2014), while particular attention is given to the transformative effects of the research process on both the researcher and the participant, a process for which intimacy and reflexivity are highly valued for their transformative potential (Haynes, 2006).

Indeed, the exercise of ongoing self-reflexivity throughout the research process analyzes the ways in which research relationships serve the needs of the research, the researcher, and the participants (Ropers-Huilman & Winters, 2011). Norms of dominance
are identified for their effect on psychological health, and the specifically feminist focus on the non-abuse of power has led to innovations such as signed informed consent (Brown, 2012, citing Ballou, Hill, & West, 2008), introducing to the general field of psychology the ethics of accountability to support the ideal of an egalitarian relationship (Evans, Kincade, & Seem, 2011). In the end, arriving at a better understanding of a specific issue in women’s lives through research is hoped to contribute to bettering women’s lives (Gelling, 2013; Ropers-Huilman & Winters, 2011).

The wounded researcher. Another characteristic of feminist research methodology is its validation of the importance of emotions as a critical facet of knowledge seeking (Gale, 2010; Hesse-Biber, 2008; Kvale & Brinkmann, 2009). For Sharlene Hesse-Biber, it is the emotions that ultimately determine why a particular topic is selected and how it is examined. At the same time, a research study necessarily generates knowledge that makes a contribution, serving scientific and human interests through a commitment to increasing understanding of human behavior for the promotion of human welfare (Kvale & Brinkmann, 2009).

Thus, emotion sensitivity, compassionate social awareness, and a laudable desire to enlarge the scope of one’s own and others’ psychological knowledge motivate a process whereby a topic chooses its researcher. This fundamentally creative activity “guided by Eros on behalf of soul” (Yakushko & Nelson, 2013, p. 299), more than an intellectual decision is a specific vocare that invites fiat—let it be done to me. An archetypal image that includes receptivity as an aspect of the unconscious is that of the “wounded researcher” (Elsner, 2009; Romanyszyn, 2010), one who accepts the essence
of all relationship as *freedom for wound*—the wefeeling in mutual vulnerability that enables empathic connection (Finlay, 2010, p. 379, citing Todres, 2007).

The genesis of the present study was brought forth by a genuine love for the Geek population\(^4\). Conceptualized in terms of cultural diversity for academic purposes, the importance of familiarity with Geek culture was considered from the larger framework of an ongoing personal interest in multicultural psychology as a therapeutic and qualitative research paradigm (e.g. Ponterotto, 2010). At the therapeutic level, the mental health needs of this invisible population were grossly not being met, mainly because the vast majority of academics and service providers had never heard of Asperger syndrome (AS). At the research level, Ponterotto’s call to master adequate culturally sensitive qualitative research skills was supported with a list of *Competencies for Ethical Qualitative Research with Culturally Diverse Communities* that provided concrete guidelines allowing the scholar-practitioner to anticipate the development of a niche practice serving this population. Furthermore, qualitative research as a vehicle of social justice has recently emerged as the “fifth force” in psychology, after psychoanalysis, behaviorism, humanism/existentialism, and multiculturalism/feminism (Ponterotto, 2011), offering a promising contextual perspective to an AS-related topic.

However, Chapter 2 revealed that despite the fact that AS is a social communication and social interaction disorder (APA, 2013), the adult AS population is

\(^4\) *Geek* is a self-descriptive term congenially used by those who identify with the Asperger subculture. The term refers to a person often of an intellectual bent who is socially awkward; an enthusiast or expert especially in a technological field or activity, e.g. a computer geek; a carnival performer often billed as a wild man whose act usually includes biting off the head of a live chicken or snake (Merriam-Webster, 2014).
studied outside of any relational context; while marriage is suspected to be remarkably challenging for both partners, the potentially illuminating experience of neurotypical (NT) spouses has received almost no research attention. From current theories on attachment, interpersonal neurobiology, trauma, and sex addiction, a pressing topic emerged: What motivates someone to elect as their primary adult attachment figure a partner who is neurologically hardwired not to attach? Why has neuroscience ignored NTs’ experience? And why is a social interaction disorder not studied in social context? Decidedly, it is the topic that chose the researcher in a way described by Nobel prize-winning cytologist Barbara McClintock as “I was just so interested in what I was doing I could hardly wait to get up in the morning and get at it” (cited by Yakushko & Nelson, 2013, p. 296). Says Moustakas (1990, p. 43), a researcher “is not only intimately and autobiographically related to the question but learns to love the question.” For the present study, the question combined a love for the AS population, compassion for those who love them, and a passion for the topic.

Research Methodology Applied to the Data Analysis

Phenomenology: A Way of Being

Feminist phenomenological philosopher Edith Stein explains that it is love—not the intellect—that comprehends love. Contrary to the active grasping toward a certainty of knowledge, the degree to which the Other can be perceived corresponds to the intensity with which one allows oneself to be seized by the Other (Herbstrith, 1985). It is to be expected that the compassion involved in relational research changes the giver at least as much as the receiver (Stone, 2008), in an interactive flow that nourishes personal
growth and skill development for both individuals (Aponte & Kissil, 2014). Seen as a creative and collaborative process, compassion is the knowing pursuit of kindness that builds a bridge between two lives (Stone, 2008, p. 50, citing Lewin, 1996). More than a methodology, phenomenological inquiry demands an open way of being (Finlay, 2012a), a resonance to and with what is given by participants made possible, says Merleau-Ponty, by our corporeal commonality (Finlay & Evans, 2008).

The movement of mutual transformation through understandings of the Other in relational research is described by Linda Finlay (2008) as a dialectical dance, an intertwining that Husserl recognized as a pairing of self and Other through empathic intuition (Finlay, in press). While Husserl held that there are many levels of empathy (Finlay, in press), somatic empathy as described by Leslie Korn (2013) includes and extends the cognitive and emotional aspects of psychological empathy (p. 77). Korn’s model of psychophysiological entrainment helps to better visualize this reflexive process of knowing:

Entrainment, a quality of somatic empathy, describes a state in which two or more of the body’s oscillatory systems, such as respiration and heart rhythm patterns, become synchronous and operate at the same frequency (McCraty, Atkinson, & Tomasino, 2001). Entrainment occurs intraorganism and interorganism, as between therapist and patient and between individuals, groups, and cosmic rhythms. (Korn, 2013, p. 89)

For Edith Stein (1917/1989), the most appropriate way to explore the human person is through the descriptive analyses of empathy that phenomenology affords, and feminist theory allows. Importantly, Linda Finlay (2011) proposes reflexivity as one of the criteria to critically evaluate a research study, which she defines as the moral qualities
of the researcher, including self-awareness, ethical integrity, acknowledging the limitations of the researcher’s findings, and ongoing self-checking of potential abuse of power, all values which are congruent with feminist research. Thus, in this person-of-the-researcher model, all stages of the research, from developing the premises of the research to the final interpretation of the data require vigilant reflexive self-awareness, particularly critical when examining the human person and value-laden topics (H. J. Aponte, personal communication, July 19, 2014).

Knowing factual information about the lived experience of another and knowing the interior world of another are two levels of perception that are clearly distinguished in other languages than English. In the French language, savoir “to know” refers to head knowledge, whereas connaître “to know” denotes a familiarity that implicates the “knower” at a more personal level; to illustrate, it is always connaître that is the French translation for the becoming of one flesh between man and woman in biblical accounts. But for the researcher to intuit the inner truth of another requires a stripping away; says feminist philosopher Hélène Cixous, “what is most true is naked life. I apply myself to ‘seeing’ the world nude” (van Manen, 2006, p. 718, citing Cixous, 1997).

Relatedness to an Other in their absolute particularity is love: Marion calls this form of mutually transformative receptivity intergiveness, a type of knowing that bypasses the reductionist constrictions imposed by all theoretical frameworks (Becker, 2011). Since the gift of relationship precedes subjectivity (Becker, Goodman, & Macdonald, in press), its epistemology is what Husserl describes as radically intuitive (Marion, 1998). Paradoxically, the astonishing ability to stand in the intersubjective space
between two individuals (Bromberg, 2011, p. 51) inevitably requires distance, which according to Marion is an intrinsic aspect of the phenomenological experience that promotes the manifestation of love (Becker, 2006, citing Horner, 2005). Without this gap, “subjectivity collapses into an undifferentiated symbiosis” (Becker, 2006, p. 1).

Donna Orange (2010) points out that compassion enables making sense together: the co-creation of meaning draws forth previously unknown and impossible forms of experiencing. In van Manen’s view, it is in writing qualitatively that a space is created that belongs to the unsayable. Indeed, the process of writing is integral to phenomenological inquiry, a process that contributes its part to the growth of the researcher’s own self-knowledge and understanding (Finlay, 2012b, citing Richardson, 1994). Nicola Kay Gale (2010) suggests that the appropriateness of a purely cognitive academic writing style wherein the author is absent, has been challenged by women to include bodily perception in an appeal for a rendition that is more faithful to the true experience, a process of intimate knowing illuminated by Leslie Korn’s model. The writer becomes a beholder, a midwife whose hands are open with hope for entrainment between participants and readers. This is, then, the purpose of the phenomenological data analysis which follows.

**Description of the Sample**

All participants are or were married to someone who had received a diagnosis of Asperger syndrome. To their knowledge, the participants did not have AS and it was reasonable to accept their self-report, since they had acquired several years of experience interacting with the professionals who diagnosed their spouses. Furthermore, the absence
of AS was verified through observation by the researcher during the interviews conducted for data collection. Although current DSM-5 guidelines clearly state that AS must be eradicated as a diagnostic category and subsumed as an autistic spectrum disorder, at the time of diagnosis participants’ spouses were considered by professionals to have AS rather than ASD.

Female participants. The data presented here refer to NT spouses as “she” which risks implying that the phenomena described could be gender-specific. It is important to note that although all of the individuals who volunteered to participate in this study were female, it is reasonable to assume that their perceptions of what it is like to be married to someone with AS would be similar to those of NT men married to women with AS; however, no published studies have addressed the question, a gap discussed further in the Limitations section of Chapter 5.

Asperger’s or autism. Despite the new DSM-5 guidelines that subsume AS as ASD, studies continue to appear that choose to maintain AS as a valid diagnostic category for a number of reasons. (a) The DSM-5 was not yet published at the time the investigation was conducted (e.g., Brady et al., 2014). (b) The DSM-5 is not translated into foreign languages, and not all research is conducted in English. (c) It is common for researchers outside the U.S. to base sample selection procedures on international WHO research criteria that list AS as a diagnostic category (e.g., Surén et al., 2014). (d) Outside the U.S. some mental healthcare professionals actively resist the DSM concept as a whole, perceived as another form of pharmaceutical market-driven American imperialism.
(e.g., Landman, 2013). (e) The DSM model is driven by powerful corporate interests that define social constructions which legitimize persons’ identities (Lafrance & McKenzie-Mohr, 2013), and does not take into account the influence of social oppression on disease (Korn, 2013). (f) Directly relevant to the present study, psychiatry has not followed advances in neuroscience (Atbasoflu & Gülöksüz, 2013), whereas a significant number of neuroscientists continue to produce evidence that supports an AS/ASD distinction based on a variety of neuropsychological functions (e.g., Yu, Cheung, Chua, & McAlonan, 2011; Zachi & Ventura, 2013), a situation that prompts Tsai (2013) to predict the reappearance of AS in the next edition of the DSM.

An effective visual depiction of a neurophysiological difference between AS and ASD is rendered in Figure 2. For their study, EEG coherence was used to measure brain connectivity by Duffy’s (2013) team of researchers at Harvard Medical School’s Department of Neurology.
Figure 2. Asperger Syndrome and Autism Spectrum Disorders Population Distributions. Population distribution histograms are shown for the ASD (green, n = 430) and AS (red, n = 26) groups. The horizontal axis is the discriminant function value developed to differentiate the ASD and AS groups on the basis of coherence variables. It varies from –4.0 to +4.0 units. The histograms are formed from bins 0.25 units wide. The populations are both Gaussian in distribution. A smoothed Gaussian distribution is shown above the true histogram data distribution as estimated by Excel software. Discriminant analysis significantly separates the two groups. The AS population is displayed on an expanded vertical scale. Adapted from “the Relationship of Asperger’s Syndrome to Autism: A Preliminary EEG Coherence Study” by F. H. Duffy, A. Shankardass, G. B. McAnulty, and H. Als, 2013, BMC Medicine, 11, p. 9. © 2013 by Duffy et al. Reprinted with permission.

Participant Demographic Data Relevant to NT/AS Marriage

Transnational marriage. Attwood (2008) has observed, and anecdotal accounts appear to support (e.g., Bentley, 2007; Shore, 2003), a higher than normal multicultural mix in adults with AS, and it is interesting that this was the case here. Thirty percent of the sample (Anne, Faith, and Katia) had culturally diverse marriages, whereas among White U.S.-born women only 4.3% marry outside of their ethnicity (Qian & Lichter, 2011). U.S. employment visas are more readily accorded to scientists, engineers, and
professionals with advanced degrees (Choi, Tienda, Cobb-Clark, & Sinning, 2012), and was the case for the foreign-born AS spouses. Foreign-born AS spouses comprised 20% of the sample, whereas only 12.5% of the U.S. population is foreign-born.

Attwood (2008) posits that individuals with AS feel may feel more at home in a foreign environment where their social awkwardness is significantly less conspicuous. For the NT who marries an undiagnosed AS transnational, the pervasive interpersonal communication confusion, misunderstandings, emotion mismatches, and expectation violations that are explainable by AS symptomology are dismissed for many years by NTs as being the inevitable result of cultural dissonance, a phenomenon confirmed in this study. In comparison, regarding the perspective of someone with AS, reality is experienced in the same way whatever the culture (Hénault, 2013).

**Undiagnosed adult children.** Heritability estimates of ASD range from 37% to over 90% (APA, 2013), so it is noteworthy that the older NT participants whose children are now adults reported no cases of AS compared to the younger generation of NT mothers’ children. This is better understood by the fact that misdiagnoses in childhood were more common in the past. For example, the oldest participant (Jane, age 72) explained that her son was diagnosed with ADD in his youth, but the awareness gained from the recent diagnosis of AS in her husband caused the couple to conclude, in agreement with their therapist, that their son would receive a diagnosis of AS were he to be evaluated today. The presence of AS in the family in addition to the spouse is
noteworthy due to the robustly documented stress it represents for the mother and siblings, as well as to the intra-familial alliances and scapegoating it may foster (Tantam, 2013).

Planning to divorce (PD). Multiple anecdotal reports converge toward recognition of the exceptional difficulties involved in NT/AS divorce, noted to be intensely adversarial with subsequent higher than normal co-parenting challenges, and a major dissuasive factor to those who consider it. Eve’s plan to divorce is accounted for, based on a resolve that differentiates her from the other still-married spouses, her frequent use of past tense when referring to the relationship, the amplitude of the issues for which she must prepare, and the fact that she has discussed the plan with her therapist who specializes in NT/AS marriage and divorced partners.

Interview confidentiality. One of the many advantages of conducting research via teleconference is that the medium affords invaluable non-intrusive observation of the participant’s home environment during the interview. Despite a view limited to the area where the computer is located, a sense of the participant in situ immensely enhanced the tenor of data collection for several reasons, not the least of which was watching the sun rise over Pulau Ujong as it set in Ohio. Spontaneous scenes of NT/AS interactions were observed. The visual field was suggestive of personalities (super-order), emotional states (neglect), or negotiation of space (her home office), belongings (his computer), and decor (his influence). The auditory field offered concrete scenes of family functioning extending beyond the visual field.
Of note, husbands’ perceptions of researcher intrusiveness negatively affected the comfort of the NT. Importantly, among the seven still-married participants only two interviews were conducted in conditions of optimum privacy, in this case, a private office outside the home (Eve, Mireille). The interviews of four women (Anne, Jane, Julie, Meg) took place while their husbands were present elsewhere in the home, a situation which in all appearances impinged on freedom to disclose (e.g. descriptions of meltdowns). Signs of encroachment are noted in the data exemplars.

Demographic data are presented in Table 1. All names are pseudonyms. Education levels help to explain the verbal acuity of the transcripts. The profession of the AS spouse reflects the net propensity for STEM occupations in this population. All of the names of geographic locations have been changed for identity protection.
# Table 1

*Participant Demographic Overview*

<table>
<thead>
<tr>
<th>Name</th>
<th>Anne</th>
<th>Beth</th>
<th>Diana</th>
<th>Eve</th>
<th>Faith</th>
<th>Jane</th>
<th>Julie</th>
<th>Katia</th>
<th>Mireille</th>
<th>Meg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>39</td>
<td>53</td>
<td>56</td>
<td>56</td>
<td>39</td>
<td>72</td>
<td>65</td>
<td>50</td>
<td>60</td>
<td>34</td>
</tr>
<tr>
<td>Marital Status</td>
<td>M</td>
<td>D</td>
<td>D</td>
<td>PD</td>
<td>D</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Years Married</td>
<td>14</td>
<td>20</td>
<td>23</td>
<td>30</td>
<td>10</td>
<td>52</td>
<td>10</td>
<td>30</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Children</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3 - AS</td>
<td>2 - NT</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td>BA</td>
<td>BS</td>
<td>MS</td>
<td>BS</td>
<td>BS</td>
<td>MA</td>
<td>M. Ed.</td>
<td>MA</td>
<td>MS x 2</td>
<td>BA</td>
</tr>
<tr>
<td>Employed</td>
<td>No</td>
<td>Disability</td>
<td>Yes</td>
<td>Yes</td>
<td>Self-employed</td>
<td>Retired</td>
<td>Retired</td>
<td>Yes</td>
<td>Yes</td>
<td>Owns Business</td>
</tr>
<tr>
<td>Education</td>
<td>MA</td>
<td>ABD</td>
<td>BA</td>
<td>BA</td>
<td>PhD</td>
<td>BA</td>
<td>BS</td>
<td>BA/MA</td>
<td>PhD</td>
<td>BA</td>
</tr>
<tr>
<td>Profession</td>
<td>Web Engineer</td>
<td>Web Security Architect</td>
<td>Computer Science</td>
<td>Software Consulting</td>
<td>Software Consulting</td>
<td>Civil Engineer (Retired)</td>
<td>Electrical Engineer (Retired)</td>
<td>Consultant</td>
<td>Tenured Math Prof.</td>
<td>Software Engineer</td>
</tr>
<tr>
<td>AS *</td>
<td>Oldest child (male)</td>
<td>Both sons</td>
<td>No</td>
<td>Possibly daughter</td>
<td>Oldest child (male)</td>
<td>PDD-NOS</td>
<td>3rd child (male)</td>
<td>PDD-NOS</td>
<td>Possibly both sons</td>
<td>Son</td>
</tr>
</tbody>
</table>

*Note.* M = married; D = divorced; PD = plans to divorce.

*Diagnosis of AS in addition to AS spouse.*
Presentation of the Data and Results of the Analysis

The data collected from the audiovisual interviews and transcribed verbatim were treated according to the steps laid out by Giorgi (2012b): (a) The transcript is read for a sense of the whole; (b) The transcript is re-read to identify meaning units; (c) Free imaginative variation is used to transform the meaning units into revelations of psychological import; (d) An essential structure of the experience is written; (e) These essential structures help clarify and interpret the raw data. The findings, then, according to Husserl and explained by Giorgi (2008) are construed in terms of essences as presented to the researcher’s consciousness, rather than as an attempt to understand single individuals interviewed for the study.

Having seen in Chapter 2 that the literature supports a tendency to associate marriage with erotic love in Western culture, the data presented below are organized using a poem that has sung the meaning of Eros for well over two millennia, the Song of [all] Songs. The poem employs evocative metaphor that brings to the senses textures of touch, luxuriant imagery, lilting sound patterns, and wafts of precious aromatics; spoken in the language of flowers, the words of the poet—intermingled with the lovers’—reflect an artistry by which the fully embodied delights of romantic love quicken a conviction for the reader that it is glorious to be alive (Exum, 2003; Landy, 2007; Landy, 2008). It is its dialogue format that gives the reader a feeling for what the embodied experience of the lovers is like, while the poet’s own voice is never heard; in the absence of narration,

5 Nothing is known of the poet, the time or place of the poem’s origin, or of the identity of the lovers, which adds to its timeless universality (Exum, 2005).
the reader is allowed to directly intuit what it is like to be in love without the distancing of mediation, similar to the aim of phenomenological writing. Cheryl Exum describes the poem in a way that recalls the purpose of a phenomenological study:

The Song of Songs is a long lyric poem about erotic love and sexual desire—a poem in which the body is both object of desire and source of delight, and lovers engage in a continual game of seeking and finding in anticipation, enjoyment, and assurance of sensual gratification. A love poem. The poem’s genius lies in the way it shows us as well as tells us that “love is as strong as death” (8:6), and in the way it explores the nature of love. It looks at what it is like to be in love from both a woman’s and a man’s point of view, and it relies exclusively on dialogue, so that we learn about love though what lovers say about it. (Exum, 2005, p. 1)

All scientific research results are rendered using words, pragmatically, at times even perfunctorily. Yet the most distinctive feature that differentiates phenomenology from all other research is that its words enliven, rather than explain a phenomenon in such a way that the reader feels what the experience feels like and is moved by it. Poetry is the emotional movement “e movere” of one embodied soul who seeks to jar the reader in an identical manner, and it is used in the present study to enhance the reader’s perception of the findings. In this way, eidetic essences of marriage to someone with Asperger syndrome draw the reader in emotionally to create the resonance believed most effective in communicating the results of a phenomenological study (Finlay, 2011; Ponterotto & Grieger, 2007).

The Song of Songs is remarkable for its powerful female persona’s active—if not superior—role in consummation with her desired lover, a refreshing study on gender relations that has attracted much commentary from feminist scholars. Taking her
inspiration from Julia Kristeva’s psychoanalytic theory of the abject, Fiona Black (cited in Exum, 2005) highlights its threat to order; indeed, multiple themes and features of the poem foreground the woman in relation to the male persona, an overt subversion of patriarchal dominance and conventional mores (Landry, 2008) coherent with the feminist theoretical framework that undergirds this study.

Free Imaginative Variation

After having read each transcript several times, free imaginative variation was used to transform the identified meaning units into revelations of psychological import. “Revelations” are understood to refer to suggestive underlying psychological content not put explicitly into words by the participants. Giorgi (2012b) explains that this is the most difficult stage of data analysis, and one which is inevitably personal to the researcher, while another researcher’s interpretation of the psychological content of the meaning units may be different. For the present study, the meaning units identified in the transcripts are grouped by psychological content using verses of the Song to evocatively render participants’ experience of marriage to the reader in an embodied way. As in any marriage, relationships evolve, but in the case of the NT/AS marriages, an idiosyncratic pattern seemed to unfold over time. Thus, the pattern is presented in its sequential phases to convey the evolution of an NT’s experience of marriage to someone with AS, and the distinctive experiential elements that guide her.
The Song of Songs

6 Let him kiss me with the kisses of his mouth
for your caresses are better than wine!
The fragrance of your perfumes is good,
perfume poured out is your name,
for this women love you.
Draw me after you; let us run!
The king has brought me into his chambers,
we will rejoice and delight in you,
we will savor your caresses above wine;
rightly they love you. (1:1-4)

The woman persona refers here to a mature love relationship that is in progress, as in the case of the NT spouses. The lovers in the Song have grown to know each other intimately, and she is conjuring her lover with previous experiences of him. Her lover is absent; there is a lack, and an urgent, imperative sense of desire for him. Other women admire her lover, holding him in high regard, certain of his charms. A predominant theme that emerged from the data is that of the NT spouse’s enduring desire for an intimate connection she is clearly able to apprehend—a longing that remains secretly and hopelessly unrequited—while the women who know her admire her AS spouse from the outside, and tend to imagine that he is a particularly desirable husband. No one suspects that he has a neurological condition that accounts for the very different behavior he manifests toward his wife at home. This confusing “chameleon effect” is discussed in Chapter 2, and contributes to a sense of psychological isolation for the NT due to the impossibility of family, friends, and therapists—even the couple’s own children—to recognize the presence of AS. She may often doubt her sanity.

6 This version of the Song of Songs is translated from the Hebrew by J. Cheryl Exum (2005).
**JANE:** He would seem like the strong, quiet type. He’s a civil engineer, and he’s a really good engineer, so he’s done very well career-wise, very successful. He’s not a political person. Women like to take care of him, because he’s like a teddy bear to them.

**EVE:** This woman was really stunning, and the other men with their shopping carts turn to look, and then look away. My husband locked on to her, kept staring at her, and gives her his “I’m a nice friendly guy” look (sweet and almost boyish), which attracts some other women. Then I see her jump. He had intentionally bumped into her to touch her and he had this look of pure pleasure on his face. That’s not uncommon that he does that. He turns the corner with the milk he was getting and when he sees me he makes this horrible scowling look. I saw him change just like that. Then, “It’s so crowded in here.”

*Tell me, my soul’s beloved,*
*where do you graze,*
*where do you lie at midday?—*
*lest I be like a wanderer*
*by the flocks of your companions.* (1:7)

When she met him, the NT found this man irresistible, especially in the beginning when he could come across as charming and enigmatic, so it seems natural to her that any woman in her right mind would be similarly affected by him. Over the years, despite being married, a perplexing sense of loneliness has been growing. Several behavioral patterns tend to typify NT/AS marriages, which could undermine her confidence in the level of his loyalty to her: the frustrating cyclical pattern of her closeness-seeking and his further distancing; sexual dysfunction; and the extraordinarily long hours he invests in his work without complaint. She might remember—more or less consciously—the unusual precipitation to marry despite the brevity of courtship. She might wonder why someone who needs so much time alone spends so much time talking with other women, yet has no male friends. And then there is that pervasive air of distraction and secretiveness…
Nevertheless, the NT women can be singularly adamant in their assertion that their AS spouse is incapable of anything short of indefectible loyalty, truthfulness, and integrity, as if Asperger social awkwardness and resistance to change formed a protective barrier to potential liaisons (forgetting that this barrier was ineffectual when she met him).

**FAITH:** All the time we were married, he was at work 90% of the time, if not more. We were supposedly parenting together, but it was all me the entire time. When he was home at night, he would lock himself in the bathroom and read. He never really understood how much the children and I are bonded, or what our needs are. He locked us down, because to him any change feels like everything is going to be a disaster. He has no ability to understand that my motives are kind and that I’m not out to get him.

**EVE:** At family gatherings, I usually get pretty anxious, and I feel very uncomfortable about his lack of boundaries around sexual interest in people, even his 15-year-old niece. For years he had been going out to lunch with women in the office and sexually soliciting them, while I was a stay-at-home mom. He doesn’t want a divorce, and he doesn’t want marriage counseling. He has the perfect marriage and it involves him looking for somebody else at the same time, flirting with my sister, my friends…nobody is off limits, no boundaries, no ethics.

**KATIA:** I was getting quite jealous because of all the time he spends with his Internet “friends” on his new blog. I’m always trying to get closer. I’m trying to do that *all the time.* It’s…it’s…kind of…a little bit naïve, because I don’t really think he absolutely needs that interconnectedness that I actually need. I know he’s going to be loyal, although he’s been working so hard, I wonder where he’s going. He’s definitely dedicated to the kids.

**BETH:** My son suddenly came back to live with me; he had just received an email from his dad telling him to leave within a week, because his dad was moving in with his new girlfriend. I said to my son, “Well, I’m really happy Dad’s found somebody that makes him happy. How do you feel about it?” He says, “I don’t know if it’s okay to be mad about it.” I said, “Why would you feel mad about it?” He says, “Because, I found out that Dad has a girlfriend via Facebook; he posted their picture.” This is the man who tried twice to get full custody of both kids during the divorce. For me, it’s not a surprise that [AS] found somebody, fell in love, and is moving in with her after only knowing her several weeks. In all of his previous relationships, including ours, everything happened very, very fast…Nine months into living with her, he told me he still dreamt that when he rolled over, he was waking up in bed next to *me.*
My lover answered and said to me,
Rise up, my friend, my fair one,
and come away;
for look, the winter is past,
the rains are over and gone.
Blossoms are seen in the land;
the time of singing has arrived,
and the voice of the turtledove is heard in our land.” (2:10)

A remarkable epiphenomenon is often noticeable shortly before or during the period of engagement and early in the marriage of NT/AS couples, one that appears both in the anecdotal literature and in the findings of this study. The NT spouse finds herself geographically estranged from her family of origin, familiar culture, and support network, which puts her in a position of significant vulnerability and dependence on the AS spouse. The NT spouse feels disoriented, confused, anxious, sometimes resentful, and is frustrated by the chronic communication difficulties in the couple. Often she will attribute this to the unfamiliar culture, way of life, and set of attitudes that characterize culture shock, leaning on her husband for guidance. It may be years before she begins to understand the role the AS spouse’s neurology plays in their marital strife.

ANNE: About a year into our marriage, my first son was born and we moved to Budapest where his parents live. That first year we were still trying to figure out our roles in the marriage, and what expectations we had of each other. In Hungary, the women run the house, cook the meals from scratch, have full-time jobs outside the home, and keep their tiny houses spotless. I think he had big expectations that I’d be his mother, and do all these things. He demanded order and routine in our house; it felt so paternalizing and derogatory. At the time, I never attributed this to the way his brain works.

JANE: He lived not too far from my town in Vermont, but he was still in school, then he was gone all that summer, so we dated from a distance. He was planning to go to Oregon when he graduated, and so we just kind of decided to go—I mean to get married—and go. Of course, back then, you had to get married. And I did that…
[Softly] I did that—leaving!—eight brothers and sisters—and my mother—and just kind of get away (it was a terrible situation for me). But of course it meant leaving—everything of mine!

**KATIA:** Shortly after the wedding, we moved to Germany where his family is, and lived there for 25 years until I insisted it would be good for the whole family to come back to the U.S.; my mother is 82, and I wanted to go back to school. For the first seven or eight years of our marriage, we went to marriage therapy. It was focused on me, because I’m ten years younger, plus I was the foreigner in his country. We assumed our problems were because of nationality, because of age, because of my own temperament—so we worked on that forever. The communication thing, we worked on that forever [deep sigh of exasperation]. I would say, “Hey, we’re supposed to talk in ‘I’ statements and take a date every month—week” [laughs]. If I reminded him, he’d yell at me, and now he’s at the point where he’s given up.

**MEG:** We met through friends via the web, instant messaging and online games. After we got engaged, he wanted me to move and give up my job, so that he could keep a job that he had just gotten. Moving out of state—moving away from what are my home town and my area of comfort to live in a state [snickers] that I would never live in. I move down; we marry; we buy a house; he gives up his job after a couple of weeks. In ten years of marriage, he’s had ten jobs. Having moved and given up my job, I had a “no compete”—I could not go back into the field I went to school for, and then he was like, “Well, what’s the point of your going to graduate school?” and, “We really don’t have the money for that anyway” and, “Use your graduate school savings to buy our house, to pay for our wedding, and to do things for us.”

From him, as well as from his parents, the expectation was “You’re the wife; you should do this.” I always thought marriage was compromise, and I thought that was how you adapt to a relationship. My husband is not very good at compromise, and I have a lot of emotions about how I’ve changed and what I’ve given up and the number of things I’ve done for his benefit. I feel…I feel a lot of resentment—a lot of resentment. In the process, I don’t know if making the first big compromise made it easier for the second big compromise or the third big compromise. All I do know is how comfortable he has been and how hard he has worked to stay in his comfort bubble after so many years. If you had asked me at the start of our relationship…if I would ever—of course I would not ever have envisioned it—and I would say no, I would never do this. [Yells loudly] NO! I—! But, now? The person I am now?

**BETH:** Shortly after we were married, we moved across the country. For some reason, he had gotten it in his head that he had to protect me from my mother. I don’t know why. He thought there was some kind of issue between my family and him, and he insisted that I keep it all out in the open. I never understood what he meant.
Following this preliminary geographic uprooting, she risks becomes increasingly isolated from people in general, for several reasons: through the direct influence of her spouse who may expect and demand that she spend all of her time with him; children and friends may be rebuffed by his social awkwardness or abrasiveness; deliberately unscrupulous retaliation in the case of divorce; and, by her own organic incapacitation due to exhaustion, confusion, and a general loss of a sense of self, developed within the relationship.

MEG: He’d say, forcefully, “Please don’t answer the phone.” He has fought—quite adamantly, actually—for me not to volunteer and to not have the friends that I have. He asked me to give them up so as not to interfere with his needs; my friends spread me too thin for him. It does feel strange, like I’m having an emotional relationship, an emotional marriage with some of my best friends versus my husband, and that has been…*so hard. It-still-is-so-hard.* Because I love my best friends, and I am so grateful for their emotional support; but it doesn’t replace [starts crying] that I want it to be with my husband and I know he’s not ever going to fulfill—in that way. I have to come to peace with that…And I’m—I’m not at peace with that… [Pausing to regain composure, softly through tears]…That’s hard.

JULIE: When we were dating he wanted to do things with other couples, but now that we’re married, he refuses. My best friend and her husband—she hosted our wedding in their lovely backyard—invited us for dinner, and he said, “No! I’ve had enough of them; they never do anything I want to do.” He wrote them a *terrible* letter to tell them and called them couch potatoes. It still hurts talking about it. I would love to have people over for dinner, or go out to dinner, or even travel with another couple, but I worry about him having a meltdown when someone disagrees with him. To avoid his meltdowns in public, I’ve accepted that our social life is just not going to happen. I’m not able to go out for dinner as couples. I’m not able to have people over.

ANNE: We don’t have many couple friends, and families don’t seem to like us. I’m getting depressed about it; it’s really hard for me. I’ve started to take it upon myself to say, “It’s okay if I go out two nights a month, and see some friends, and try to continue those relationships.” But he says, “Why do you spend so much time with your *friends* and not with *me*? What do they give you that I *don’t*? You put so much energy into *other* people, why don’t you put it into *me*?” He has worked from home for ten years, and since I don’t work, I’m with him *all the*
time; we eat three meals a day together. I realize that it’s not “date night” but it’s a lot of time with a person! I need affirmation from other people that he just can’t give me. My wanting to see friends twice a month has caused us a lot of strife and anger, and I have to retrain my brain so I don’t feel guilty, but we’re also trying to plan two date nights a month now.

**MIREILLE:** One big thing that this marriage changed in my life is that we never have company over to the house. I used to love to entertain, and we don’t entertain—at all. The social awkwardness is just too uncomfortable. When I used to try to have people over, I’d be doing everything, and he’d make comments to them like, “Oh, you should see Mireille; she never stops working, she can’t let anything drop.” It would be in a very unkind way, as if I’m just this inhuman person who only cares about having things nice and clean, as if that was all I valued in life. The thing…the…the—the thing is—what he says about me is so inaccurate. He doesn’t have a sense of boundaries when it comes to talking with other people about our relationship…That was earlier…in our marriage……[trails off] … … He’s gotten better, but…it’s because I avoid these situations that it doesn’t happen [listless chuckle, suddenly becomes torpid].

It is important to note that maintaining family cohesiveness among the couple and their children can be especially challenging when AS is present in one or both of the parents. Anecdotal report highlights the possibility of significant developmental risks to these children, due to ongoing neglect of their instrumental and emotional needs, as well as to the level of conflict generated by pathological interpersonal dysfunction.

Unfortunately, massive research continues to address NT parent/ASD child issues, whereas no studies have been conducted to examine AS parent/NT child challenges. Tantam’s (2013) clinical experience reveals that when an NT/AS couple has children who also have AS, which is frequent, the family members with AS tend to project their problems onto the NT mother, making her the family scapegoat. That significant parenting/co-parenting challenges do exist in this population emerges in the findings of the present study.
**MIREILLE**: I would much rather be with my kids when he’s not around, because he’ll interfere, and want to know things, and it’s way too hard to try to explain everything to him. Oftentimes, it seems I’m walking on eggshells. If my children and I want to have good conversations, or just share some down time in front of the TV, it’s really only possible when he’s not around. And work parties?—No—they are no fun with him; it’s better not to have him be there.

**JULIE**: My son lives close by, and when I lived by myself, my son would drop in a lot more often. [AS] is just such a hard person to be around. My son is very humorous and loves to tell jokes; he’ll tell a joke or a funny story, and [AS] just has a blank face… he doesn’t show any reaction…so people don’t like to tell him stories or talk to him. Around him, they’re polite.

**MEG**: We have lost friends because my husband said crass or rude things to them; our social life is much more limited now, but we still socialize with his family. When we would visit them with a newborn, it was too much for my husband, so he would ask me to go sit in another room. I’ll be in the other room with the baby, and people come find me because they’re upset by the things he says. My father-in-law will come in and say, “You know your husband just said this? Why do you allow him to say things like that?” [Very long pause, as if trying not to cry]

They’re strong feelings…It’s a little bit difficult to talk about it.

**FAITH**: I left him the children. I said, “Let’s try not to have conflict anymore. I don’t want to have conflict with you. You already have the children. You have everything you want. I don’t want you to tell me where to live anymore, or tell me what to do. I can work wherever I want. I can travel and be free. That’s what I get out of this. You’ll send me the children when you think it’s good to send me the children, and that will ensure the end of the conflict because there’s nothing else to fight about.” I gave him back all the money. He has stopped paying any child support now. What I did next was take a long trip and think about what to do with myself. I really wanted to have another baby. That’s what I always wanted.

**KATIA**: I’ll go out with my daughters and laugh and have a hysterical fun time; we’ll just have fun. It’s really, really fun, and when we’re out together, I don’t have to be [winces] careful like I do with [AS]. Our sons act like him now, treating me with disrespect, disregarding my opinion; they’ll all gang up and intellectually bulldoze me if they think something isn’t fair. I feel like there’s no safe place in my house. For about ten years, I did believe everything was my fault. Every single day, there were so many things that were my fault. (I still wonder if they are or not.) Who am I, really? …I do feel invisible a lot…I think I’m invisible.

**BETH**: I drop off the kids in front of his apartment for the weekend, and [AS] turns around and says, “There’s no way in hell you’re going to see your kids again.” Sometime over the weekend, my son calls me and says, “Mom, I’m not coming
home. I don’t feel emotionally or physically safe with you; I’m not going to be coming home.” Shortly afterward, [AS] had the pediatrician write a letter stating that my son suffered from anxiety and that we needed to do everything possible to avoid stress—not knowing that it was going to be brought into court to be used as evidence against me (because the pediatrician didn’t feel that way). Then the psychologist wrote an email saying that my son didn’t feel physically or psychologically safe with the mother; in both cases, there was nothing in the history that suggested any of this. But, all of a sudden I had no rights to my son, and my lawyer wasn’t backing me up. I just had this man’s moods—actually, he was being charged with physical assault and battery at the time—taking my son from me, saying I was physically and emotionally abusive. It was four years before I saw my son again, or spoke to him on the phone. During that time, both of my parents died, but he didn’t come to their funerals with me; when he finished high school, I didn’t attend his graduation.

_**Turn your eyes away from me,**
_for they overwhelm me. (6:5)_

This verse of the love poem is part of a series of metaphorical images sung by the male persona in praise of every part of his lover’s body from her feet to her head. Cheryl Exum (2005) comments that the beauty of the woman he loves arouses such overpowering feelings that he distances himself by processing her body, part by part using metaphor, while conveying to his lover the devastating effect she has on him. It is through the eyes and face that lovers—and everyone else—share the feelings that bring them closer, and do most of their communicating. However, for many people on the autism spectrum, eye contact feels overwhelming under any circumstances. The autistic impossibility of sustained, expressive eye contact and accurate, mutual facial messaging becomes a source of frustration for the NT spouses, and accounts in part for the continual misconstruals between partners. Perhaps this could be a factor contributing to the NT’s chronic sense of isolation, as well as to a confused sense of self.
**EVE:** He would act like I didn’t even exist. There was none of that mirroring effect you get from being with somebody who is aware of you; acknowledges you; who really wants to make eye contact with you. Having dinner and not talking, normally, there is an awareness of each other. If you’re reading the newspaper, to say, “What’s so interesting?” Those tiny little day-to-day things that seem so small are huge, and huge in helping you to connect with each other, just to make you feel like you’re alive, a human being. I didn’t realize how depressed I was from not getting that. Over time I started feeling dead inside. It’s almost like you get brain damaged. It’s like your brain has stopped growing in so many ways.

**KATIA:** I’m really jealous and upset that he emails so many people, and me, just like anybody else. I don’t like communicating like that with my husband! I’m so sick of this, because frankly, I need a person; I don’t really need more mail. I’ve got this whole email relationship with my husband, but he has to. He said, “Take it or leave it! This is what I can do. I can’t deal with your face.” I can’t deal with your face…[smiles incredulously]

**MEG:** Our relationship is typically emailing each other back and forth; it’s like volleyball, Ping-Pong, very smooth. But my vision of marriage is much more [tired sigh]—it’s work—it’s a job in itself. Not just the marriage [sighs, shrugs] but the whole job of meeting his expectations, and trying to make things easy and smooth for him. There’ve been some adjustments, and there’ve been some very painful ones that I’ve had to make: One thing that works for us is not communicating face-to-face. We sit back-to-back, and try to talk that way.

In the past, I tried to force things, such as, literally, face-to-face contact. Asking that we hold on to one another, holding his hands, or holding his knees, or holding one part of his body, was a way that grounded me in communicating. I’d always been very loud, and very animated, so it’s brought me down. Since the way I normally communicate is too overwhelming for him, he’s very quick to back out, and very quick to isolate and leave a situation.

As an apple tree among the trees of the forest,  
so is my lover among men—  
in whose shade I delight to sit,  
and whose fruit is sweet to my taste.  
He has brought me to the house of wine,  
And his banner over me is love. (2:3-4)

Cheryl Exum (2005) comments that the Song of Songs positively reflects the view of a woman actively seeking gratification of her desire for her lover. This song exudes the
mutual delight felt by the lovers that transforms the way they see the world, where “suddenly the whole world becomes more beautiful, more vibrant, more wonderful” (p. 13). The intoxicating effect of the lovers’ shared pleasure garden serves to evoke the Spring-like hopefulness of the freely-offered gift of oneself in marriage. In her desire to offer the gift of herself to her AS spouse, an NT partner relinquishes her own needs and desires to the point where she ceases to recognize who she is. She may justify her extravagant self-effacement with Christian-based beliefs to which she adheres, values that are perpetuated by her faith community. Exemplars of this are deliberately numerous here, showing a variety of situations, in order to seize the ubiquity of what is identified as intensifying psychological abuse to which the NT accommodates.

**ANNE**: I don’t have the confidence anymore to decorate our home. I really wanted wallpaper in the guest bathroom, so we chose some wallpaper together. When it was finished, I bought a towel to go with it, but he didn’t like the shade, so I had to return it. I couldn’t tell him I wanted to keep it, because I’m always so afraid he’s going to explode. For the past five years, I’ve wanted to put new slipcovers on our dining room chairs, and I know I have to take that step. I’m still scared, but I have to do it. I’ll have to deal with the meltdown, or the possibility of a meltdown, because if I don’t get them exactly right, the world ends.

Sometimes, I try to accomplish something on my own, or make a decision; I had someone come to treat our trees, knowing that he would be livid, just furious, and I’d have to defend-defend-defend, then end up feeling awful. When he’s at home, it’s really hard to get something done if it’s not according to *his* schedule. The whole house is his domain—He cleans out the sinks, he cleans out the showers; he fixes everything, he plans the meals. He purchases all of the kids’ clothes—he’s more on top of their sizes than I am. He does all of the finances—I don’t know anything about them. He hates surprises, so before we go on trips, he plans out every detail, and he packs the kids’ clothes—he even packs my clothes. Because so much has been *his* world, for me to take *one step* in there…Now I spend a lot of energy horseback riding. I can walk into a barn and I just relax and I just feel at home.
EVE: I started to behave the way he wanted me to. I kept trying to be good enough, then feeling shame that I wasn’t good enough, and shame that I wasn’t attractive, and shame that I wasn’t a good enough wife and mother. I’d try to do what he wants and nothing… nothing… nothing… there was always something more wrong with what I was doing. I ended up being controlled by him and thinking I had no other options.

DIANA: When I wanted to say something, I was required to remove any description about how I felt. Only cold, hard facts were allowed. That was a very important requirement for him. What this meant was, the most important concept that most of us use in our communication with other people… feelings… was completely removed from what he considered to be a conversation that you could have. This meant that over time, I became much more rigid.

JANE: His family was wealthy, wealthier certainly than mine, and to me it looked very functional compared to my very dysfunctional family. So I was married for a very long time, having no concept that there might be something wrong—never mind Asperger’s—and that this was not normal behavior. I thought it was normal behavior for very bright engineering people! The impact on us was that I compromised a lot. A lot. A lot on my—he was so adamant about things that I let them go.

JULIE: When he’s anxious, I get very anxious… because, I don’t know where it’s going with him. I don’t know if we’re getting ready to have a meltdown, or whatever. So now, when I can sense him getting anxious about something—and it’s usually something we have to agree on—what goes through my mind now is, “Is it worth it? Is this a big deal? Do I need to get into a fight over this, or can I just let this one go?” [Crumpled face, fearful eyes] So, I’ve changed with that, and it causes fewer meltdowns, and what else can I do?—I let it go. When he has a meltdown and he won’t stop, I walk out of the room—I get away from him. I mean, there have been times when he is… [Whispers]… violent… you know… and I just have to go to another room and shut the door.

KATIA: If he wants to discuss something, it has to be by email. I don’t like it. He never addresses me by my name, and it’s incredibly upsetting, because his emails to me are so impersonal. Ugh! He’ll write reams and reams of pages; it’s just so much verbiage. It feels intellectually abusive, because his messages are meant to push me in a corner, and my responses are not acknowledged or taken into account. It’s a very easy way to not be held accountable.

MEG: What happened was that in order to accommodate his needs I became more and more isolated. I withdrew from my friends and my activities, and became worried and depressed, more centered on myself. It was as if I was getting Asperger’s.
MIREILLE: The biggest issue is dealing with the logistics of getting something done. We were due for a lease on the car within a month, and had to decide between renewing the lease, buying the car, or ending the lease to start over. I went alone to the dealership, because he hates car salesmen (he hates any kind of salesman), so when we go together, if they ask me questions, he’ll critique me for giving them too much information. You need to “hold your cards close to yourself.”

I went to the location where we had leased the car, assuming that this is what you do, because they would have to handle the initial transaction. I got the information about the value of the car at the end of the lease; what would happen if we sold it; what they had as a replacement if we did another three-year lease. I checked out different vehicles, test-drove different ones to get an idea of what was out there, then looked at a newer model of the one we had. I got a lot of numbers and information and left.

When I got home, World War III erupted—“Why did you go and do that?” I explained very carefully that we had talked about it together, this was what needed to be done, it was the weekend, I can’t go during the week, and I hadn’t signed anything. He had a major meltdown, and was doing a lot of yelling. My son came in wanting to know what was happening, because [AS] was screaming about killing people! I eventually had to say, “I have to take a break, I have to go for a walk, I’m not clear-headed, you’re not clear-headed.” While on my walk, I called my sister, and she reminded me, “Well, you know; this is the pattern; this is very similar to what has always happened in the past.” I end up feeling very angry and upset; I feel very badly about myself—that I wasn’t able to handle it differently—but it’s like there’s something beyond my control, and I’m just not able to do it.

I am my lover’s,
and his desire is for me.
Come, my love, let’s go out to the open field,
spend the night among the henna blossoms.
Let’s go early to the vineyards,
we’ll see if the vine has budded,
if the grape blossoms have opened,
if the pomegranates have bloomed.
There I will give you my love.
The mandragoras give off fragrance,
and at our doors are all choice fruits,
new as well as old.
I have stored them up for you, O my beloved. (7:10-13)
In this song, the woman replies to her lover’s adoring praises by promising him aphrodisiacal mandrakes or “love apples.” The Hebrew word for this Mediterranean fruit recalls *caresses* as well as the term of endearment *dôdî* “my lover” and the fruit was traditionally considered to aid conception (Exum, 2005, p. 242). Exum proposes that while both lovers initiate lovemaking and express mutual desire, the cultural construction of love as it is reflected in her invitation to enjoy the fruits of love clearly shows that love is given by the woman and taken by the man, suggesting a sort of return to paradise and its absence of male domination. Brimming with fecundity, the lushness of the love-fruits, flowers and fragrances recall honeymoon paradises where lovers relax in mutual enjoyment of nature’s shared delights.

**ANNE:** Gardening and landscaping are my greatest pleasures; we have a yard that’s really big, and I love to plant things. There have been times when we’re trying to do a certain part of our new yard, and we can’t agree. He definitely appreciates a very different esthetic than I do: He likes linear, he likes control, he likes formal, and I’m from the prairie world where you just throw the seed down [flashes a coy smile]. He wants everything to be orderly, linear bushes and evergreens. To avoid conflict, I suggested we hire a landscape designer, and he said, “Okay, fine, you get the designer, but I’m the one who will actually put the plants in.” So that was our compromise, but the few times we did that, he would blow off their design. He would move plants that I already planted, which I found completely demeaning. I need color, and I realized that this summer, so he “gave” me my favorite part of our yard. I love perennials, and my garden is designed in a way where you have four perennials here of one kind, and four there, but it’s not linear. I put in over ninety plants on my own in three days; he didn’t want any part of it, because he didn’t agree with it. After I planted this beautiful garden, he said, “It hurts me to look at it.”

**JULIE:** We went on our honeymoon…we went to Aruba…We stayed in a lovely place—I thought it was a lovely place—it had ceiling fans and warm breezes and I thought it was absolutely delightful. We’d had a long day of traveling, and he was very anxious. We checked in and when we walked into our room, he just exploded—the room didn’t have any air conditioning. Just…he just…had a fit,
just really had a meltdown. (I call them meltdowns.) That kind of took me by surprise, because that was the first that I remember—it wasn’t the first, but that was a major one. That has progressed, those meltdowns…um…well, I’ll…I’ll go…go…

**MEG:** When we first got married, we’d had a vision of having six kids—*That’s not going to happen!* He can’t handle the baby and toddler stage. For him, it adds sand to his well-oiled machine.

**MIREILLE:** This past Christmas Eve, I made my traditional poached salmon aspic for our family Christmas brunch. Christmas morning, I wanted to put the garnish on the plate, and I looked everywhere for the aspic and couldn’t find it anywhere. I thought, “Oh, dear, he’s probably eaten it.” I went downstairs, and sure enough—total clutter everywhere—I did find the empty plate. I’ve learned not to be down on him, because he’s always afraid he’s going to be in the doghouse with me, so I casually said, “You know, the Christmas aspic is gone.” He says, “What?! I don’t know the rules!—I wasn’t supposed to eat that?—you didn’t tell me!—how was I supposed to know?”

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On my bed nightly,
I have sought my soul’s beloved.
I sought him but I did not find him. (3:1)
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The most powerfully driven among the expectancies of the NT spouse, and the one that seems by far most difficult for her to relinquish is that of emotional connection with her husband. She has been willing to comply with all of his exigencies for the sake of peace-keeping in her home, bolstered by an indomitable hope that her docility will allow, somehow, the intimacy she craves. No sacrifice is too great for her—parents, friends, jobs, personal growth opportunities—even her own children. Systematically, her efforts will be thwarted, due simply to the AS-related neurology of alexithymia, a stable personality trait characterized by impairment in the ability to identify, describe, and express one’s own feelings and emotions (Taylor & Bagby, 2013).
Since the capacity for awareness of one’s own feelings is the sine qua non for understanding what someone else is feeling, the individual with AS is not able to offer any word of compassion to a suffering person, which by no means implies that the AS spouse lacks good will or concern. Frustrating for both partners, in face of NT emotional expression, the AS risks emotional contagion, and the AS amygdala’s default position of fear-triggered anger takes over. The result is that the NT partner receives the opposite emotional response she needs, leaving her three options: reciprocally down-regulate her AS partner’s arousal, which requires that she abandon her original feelings for the sake of mutual appeasement; silently withdraw, which fuels resentment; or, allow his anger response to trigger or exacerbate her anger in an uncontrolled escalation that can only be interrupted if someone leaves.

Her quandary is that her drive to seek emotional connection is as essential to health, well-being, and romantic love as air, water, food, sleep, and movement (e.g., Fogel, 2013; Tronick, 2005). Hardwired for emotional connection, logic tells her she cannot help but to expect to find it in the person she married. Yet, an enduring absence of regulatory empathic mirroring deprives the NT spouse of a sense of feeling felt by the AS partner. Over time, depersonalization intensifies due to an accumulation of her own unacknowledged thoughts and feelings, which may help understand why an NT spouse feels like she becomes “invisible.” She loses touch with meta-cognitive-emotional functioning, the feeling felt of herself by herself, thus perpetuating dissociation through the incomparably reliable cycle of NT-seek/AS-reject. The price paid appears to include a physical toll among those participants who have been married the longest. Her visage
hints that she was once a flowering beauty, long ago. A bridal bouquet tightly tied and hung to dry after the honeymoon.

**JANE:** A few months after our wedding, my mother and my little sister came to visit us, and when they went and got back on the… plane… I cried. This is the first time I’d cried since my father died. I cried—and cried and cried and cried and cried. And [AS] just sat with me [smiles]. I mean he just sat. He never asked—well, he just never said *anything!* I mean, you know. I was so glad that he was there, and that he just sat and didn’t say anything. But on the other hand, it didn’t really open up any communication about it for me either, or any kind of—(I’ve still never really talked about it). I didn’t understand that. But. Again. I think about that time.

**JULIE:** I can be very, very sad, and he’ll just keep talking like everything’s fine. I can have tears running down my face, and at some point he’ll look at me but not really get it. If I’m smiling, and laughing, and really happy, he can’t smile with me. So I’ll *tell* him, “I’m really, really happy about that!” And he’ll say, [flatly] “That’s good.”

**FAITH:** As soon as we agreed to divorce, he turned vengeful and mean. He said that he didn’t ever need to talk to me again. He decided it—and he never talked to me again, which made the divorce impossible. So I asked the lawyer to ask him to leave the house, because when you see a person not talking to you in the house with you every day, walking past you, eating without you, doing things without you—that feels like high conflict to me. But to him, not talking is getting rid of conflict. He’s never talked to me the entire time. It’s been like six years and we’re supposed to be co-parenting, but there are no witnesses to see how dysfunctional this is.

**EVE:** I used to not cry in front of him. I used to cry in the shower all the time. Just because it’s so awful to be crying and crying, devastated, and have him just stand there and look at you like you’re a weird kind of bug. I told him that there’s no emotional connection between us, and he said, “I don’t know what that means.” I asked him if he loved me and the kids, and he said, “No. I care; I don’t know if I love anybody; maybe my grandmother, but I’m not sure.” Then I thought we might at least find some commonality in shared values, but it turns out he doesn’t know what a value is.
Who is this that looks down like the dawn,
beautiful as the moon,
splendid as the sun,
as awesome in splendor as they?
I did not know myself,
carried off amid chariots with a prince.(6:10, 12)

An overriding system of expectancy violations begins to emerge from the findings. But the first mystifying and unsettling expectancy violation occurs early in the marriage, and according to both partners—and mutually agreed upon—it seemingly has no possible explanation other than that somehow the NT spouse is at fault. The AS partner that she married has become someone else. In her view, and in his, it can only be something about her own relational ineptitude that explains his behavioral “about-face” and her solution is to try harder to become a more fulfilling wife by making more concessions.

EVE: I met my husband at work, where he was most confident—that’s who I thought he was. I wasn’t that interested in him, but it felt good, because he showed really intense interest in me, more than—. Everything was okay as long as our life was simple. After we got married, it went downhill, it went to pot. It got really bad when our first daughter was born, because a child requires parents and partnership, plus she was premature, so she required more intensive support. From then on, he disappeared. He checked out. He has a high position in a small company, so he would either be fixing a crisis at work, eating out with women, or be doing sports. At the same time, he was meaner and meaner to me. I felt really alone. I would talk to people about it, and they would say, “That’s just what guys do; it’s male behavior.” But it felt too extreme.

ANNE: I had been living with this other guy for three years, and the relationship just didn’t really pan out. The only other guy I knew was [AS], so I asked him to help me move out. The morning he helped me move out, he turned it into a day of taking care of me. I really wanted to be taken care of; he’s ten years older and we were both ready to settle down. We immediately discovered common ground like how important religion and family are, or that we both wanted the same number of children, which was really wild! Four months later, we were engaged; he told me he wouldn’t have to compromise in any way, because I had everything he was looking for.
For the past three years, I’ve felt pulled to move back to my family for many reasons. We were having a romantic weekend at the beach when his brother and his wife came up to spend the day, and right away bulldoze me with “How do you know if you move back you’ll be happier?—How do you know you’ll have more friends?—How do you know you’ll be accepted?” It just became this grill session and I’m in tears. They kept saying [AS] didn’t want to move, but [AS] was silent the whole time. He doesn’t know how to have my back, so my emotions get completely ripped apart. Ironically, a few years ago, they had their home on the market, to move to Florida, which is how I got the idea.

**JANE:** We met at a sorority party. I talked to him, and he was nice and so forth, but I had talked to a lot of friends that night. One day I was walking through the park and he recognized me and asked me out. It was a pretty awful time in my life, pretty traumatizing. At the time I had met him, I was very outgoing; by the time I re-met him, I was pretty traumatized and pretty quiet; my father had died suddenly, and I had broken up with an old boyfriend, and I was just a different sort of person. He right then provided for me what I probably really needed, which was: **he didn’t ask me one question;** he didn’t show any emotion; but he was just there, very steady and I knew he cared. However! Again—in retrospect, I realize that he never said anything. I just knew he cared—but assumed it. I mean you could tell he cared very much. That worked very well for me right then.

We had been married less than a year. I was pregnant with our first child and very sick, morning sickness. We were staying in Omaha on our way to Oregon from Vermont, and he was ready to leave. I was throwing up, and throwing up—green bile coming up—and all he wanted to do was to go: it was in his agenda that it was time to go. Now, now, truthfully, if we were to leave ten minutes “late” it would have been okay—but—not to him. He’s on his road; this is his road, and that struck me. I call them “holes.” I mean, there are times when I fall into holes with him. Everything goes along wonderfully, and then I get into a hole. And it takes me a while to climb out of the hole. And he never knows I fall into a hole. He doesn’t understand.

**JULIE:** When we met we were both divorced, each of us had been married for thirty years. He told me right away that his goal was to “get a wife;” there was no point in our dating if I wasn’t marriage-minded! I was attracted to his blatant honesty; no subject was too personal for him. I had never seen that in anyone before in my life. I looked at those traits—his intelligence, his honesty, his loyalty—as very positive traits.

We were in St. Tropez walking along the waterfront when one of my flip-flops broke. Since it was the last day of our vacation, I thought we could just drive to the nearest shop and pick up another pair. That wasn’t good, because in his world, you have to weigh every price, every detail; you have to look at several places
before you make a decision. And he knows where every penny goes, absolutely every penny. I mean—every penny, so when we travel we use only one credit card and split it down the middle. Anyway, I said, “That wastes too much time, let’s just go to the closest shop; they might be more expensive; it doesn’t make any difference, it’s our last day.” I got in the rental car, and said, “I’m just going to do it.” He was getting anxious, and I’m just, “That’s what I’m going to do.” I got the flip-flops, and when we got in the car, he was, “Why’d you do that? Why’d you do that?” and on and on and on, and he was so upset that when I stopped at the next light, he went out of the car—slammed the door—and walked off—he really, really went off the deep end. I’ve learned not to goad him so much.

**KATIA:** When I first met him, he came across as incredibly charming. He had been very worried about not finding a wife, so he had studied about how to be a suitor and practiced in front of the mirror. He was charming and foreign and extremely polite—extremely polite—and respectful, definitely respectful. He would talk about how parents needed to be respected, which seemed unusual; he was very generous, loyal and dedicated. After we got married, the disrespect seeped in. More like a default setting of not attaching any value to my intuition, not weighing my input or granting it enough consideration; whereas, I feel like it did have much more weight in the beginning.

**BETH:** I met him through my former boyfriend. I thought it was a summer romance, and when I realized that it wasn’t, I let my family know that we were serious. When we got engaged, the news came as a shock to his family, because he had told no one about me. His parents were very upset, because he was engaged at such a young age, and I was so much older than he was, and it all happened so fast. The first time I noticed something wasn’t right was when we got home from the hospital with our first baby. He went to change the diaper, and I joked, “Watch out for the golden shower!” He turned around all of a sudden really angry and started yelling at me, “Don’t tell me what to do!—I know how to change a diaper.” That was the first glimmer of realization that I couldn’t be myself around him, and that I had to be very careful of what I said. I had never felt that way before with anyone.

**MIREILLE:** He was married to one of my friends so we had known each other for ten years before we started dating. He was very funny, intelligent, fun to be with, and we had a lot of discussions about books we had both read—we were both fans of *The Hobbit*—and he was always really interested in what I had to say. Since we’ve been married, he has this habit of asking me hundreds of questions and not giving me a break. These endless discussions about the laundry: “How do you know when you need to do the laundry?—How do you know when the clothes are dirty?—How do you know when they need to be done?—How do you know when the hamper is full?” I finally just said (again), “You know what?—I’ll do the laundry.” I asked him if he could put his dirty dishes in the sink so I don’t
have to go get them in the basement. He goes on and on and makes it this huge, big thing yelling, “You have no idea how difficult it is for me to do that!” Many of these battles are just not worth fighting over, but then you end up doing a lot, too—way more than what you had ever thought that you would agree to do. Consequently, I started seeing a therapist, just going absolutely crazy with the resentfulness and feeling manipulated.

I opened to my lover,
but my lover had turned and gone.
I swooned because of him.
I sought him but I did not find him,
I called him but he did not answer me.
If you find my lover,
what will you tell him?
That I am faint with love.

What makes your lover different from any other lover,
most beautiful of women?
What makes your lover different from any other lover,
that you place us under such an oath? (5:5, 8b, 9)

The life of a family who lives within the walls of the NT/AS home becomes regimented with its rules, routines, and rituals imposed by the spouse with AS to try to manage “toxic change” (Baron-Cohen, 2011), and accommodated by the NT spouse to keep the peace. In reality, it is chaos that is maintained. In life, toxic change management is doomed for failure, especially in a home where babies, growing children, or teenagers are present. Family members have become like guests of Procrustes, the innkeeper from Greek mythology who fit clients to their bed; those who were too short were stretched to the bed size, and those who were too tall had their legs cut to size (in Becker, 2011). The problem in the tale of Procrustes was that he was always changing the length of the bed. Family members each have their own way of adapting to the carnage, but all share the vigilance of a mine sweeper. The verses above sing of the faintness felt by the swooning
woman whose insides have been stirred by her lover’s touch (Exum, 2005); the faintness of the NT woman can be felt in the tales of her adjustments to daily life.

**KATIA**: I’d been driving for six hours in a blizzard to pick up our daughter from college. I was stuck in the snow, I was in trouble, and by that time, I was really at the end of my rope. I called him overseas, needing some kind of support, but it turns into my fault that I’m in a blizzard and I’m yelled at for being out on the road. In those cases, if I try to explain what happened, he’ll usually have a “breakdown” and walk out. It’s better if he leaves, because he gets…Oh, God… [freezes hand to forehead, black lines appear under her eyes]…Ew!—I mean—there are some good moments, too! Make sure I tell you about the one time—[head down, laughing hysterically].

If he ends up…getting…physical or…screaming…he doesn’t like to scream…but if he gets “pushed” by me to scream he leaves to avoid screaming. One time we found him with a tie roped around his neck. Another time it was Christmas Eve, and he walked out into the freezing lake in his clothes in the middle of the night; he tells me he wants to end it all. But [sarcastic] we all know it’s my fault, because that will be said later. So not only do you not get any interconnection, you get blamed for being needy. There’s something wrong about you for needing it…

**EVE**: He just got angrier and angrier, more volatile…An extreme, explosive anger over something like how many raspberries somebody had eaten. If there weren’t any left, the world’s coming to an end, “somebody’s evil in this house”—and it’ll be me, usually. I went through a process of fighting with that, and then the negativity in the house around the children I couldn’t take anymore. He was extremely loud and physically aggressive…I would see it affecting the children, and that really disturbed me. So I started this awful downward path into appeasing him just to keep the peace. Like, “Guys, when you have the last raspberry, tell everybody”…trying to make these little rules around him. I kept bending myself, and regretfully, pushing the kids to do that.

It’s like, “We’ll just put up with him for a little while.” It’s that frog-in-the-water story…the frog gets boiled alive because slowly, bit by bit, you give up yourself. You give up your ideas, your goals. My ideas were always “stupid” or “not practical” or I’m “not able to achieve them.” The thing is being lied to over and over again…He justified lying to me, because I was such a pain. “Life is a bitch—then you marry one”—He liked to say that to me. “I want you to be more submissive, like the dog.” If I challenged him on some of those remarks, he’d say, “Can’t you take a joke? I was just kidding.”
**KATIA:** I get emails from him, “*Why are you doing this?*—you could have spent more time with your *kids* if you hadn’t decided to do this.” When I *needed* to get my Master’s, he was not thrilled. And he’s *a lot less* thrilled about the doctorate, for some reason. I got it offered to me for *free*—it’s a *free doctorate!*—and now that we have an empty nest, I really want to do this. But he’s fighting it tooth and nail, and I’m going into this doctorate with no energy, when it should be incredibly fun. He wrote me another email saying that he really was on board, but that he’s just concerned about the finances, concerned about the time it’ll take for me to finish it, worried that it’s too much for me…I know I shouldn’t let it affect me, but it makes me feel exhausted, exhausted.

**MEG:** When we met, he was always asking me not to talk so much [snickers], and not to explain things but just simply: [authoritarian male voice] “Put it in simple terms and be concise!” He still says, “Be concise!” But in twelve years, I *have* changed and I’ve tried to be as concise as possible. I’ll say, “Take out the trash.” I don’t know how to be much more concise than, say, “Take out the trash.” Somehow, in the twelve years, his expectations of being concise have changed, and rather than being satisfied with me when I say, “Take out the trash” he now wants me to say, “Take out the trash—*because it’s full.*” To provide an explanation, but still be concise. So now…I’m *trying* to meet his demands—and I feel, honestly, that “demands” is the best way of describing it—he says [snickers, authoritarian male voice], “*Talk like this!*” It’s one of the most frustrating things: [bossy male voice]: “*You should have said it like this!*” and I get that a lot. Sometimes I roll with the punches and say [singsong, falsely compliant], “Okay, I should have said it like that!” But 95% of the time I disagree, because the way people *express* themselves is the way people are able to *be* themselves, rather than just all be robots.

**JANE:** When our children are visiting, he doesn’t know where to sit. When they were little, they would have to sit in their assigned seats. As adults they don’t think about sitting in their assigned seats, they act like company. And he would stay outside of the circle. When they were children, he would wait at the door and I would say to him, “[AS], come on in.” I never thought twice about it. After the diagnosis I stopped doing that, because I figured I was enabling his behaviors in such a way that it would keep him from learning how to do things himself. But once I stopped, *that* was painful. Because he truly didn’t know how to come in and sit down, and then it would look like I was being mean to him and ignoring him.

**ANNE:** Sure, my husband doesn’t drink; doesn’t do drugs; doesn’t cheat on me—I never even have to *think* about that.

[All of a sudden, the door opens loudly and he enters the room knowing we are conducting a scheduled interview, the reason he was to watch the children,
although the baby has been crying uninterruptedly. He approaches the desk where she is sitting at the computer for this teleconference. His face is tense, closed, preoccupied, and his body suggests that his task is of utmost importance. We wait, feeling guilty. He opens a desk drawer, rummages around calmly, extracts a piece of computer equipment and leaves.

That’s him! “Right now!—Got to do it!” There’s no “Excuse me, may I come in and borrow something?” I don’t even expect it anymore…“It’s okay! Come on in! This is a very private conversation!” [Laughing]

MIREILLE: He has probably a hundred legal pads around the house with notes on our conversations, and he dissects them, breaking them down into their syntax, their grammar, the definitions of the pronouns, the underlying meanings of what was said; then he’ll follow me around the house trying to make me provide a “rule of thumb” for future communications, and he just won’t drop it when I tell him I can’t provide a rule of thumb. Invariably, it turns into a huge argument.

About an hour ago, I was leaving to come to my office for your interview. I had gone to Tai Chi, had a nice lunch, I was good. Since it’s snowing, I was afraid I might be late, so I was at the door hurrying to get ready. He has a statistician book that he reads, and when I had gotten home earlier, I could tell he was upset because of something in it he didn’t agree with.

[AS]: “Can I read this to you?”

M: “I have to leave in five minutes.” (I had no idea if what he wanted to read me was pages or a paragraph.)

[AS]: “Well, can you really listen to me while I read it to you?”

(He often accuses me of multitasking and not listening to him, so I thought to myself, Oh dear, I need to put my boots on! Am I allowed to put my boots on while I listen or not?)

M: “Can I keep getting ready while I listen?”

[AS]: (He stares at me with his deer in the headlights look.)

M: “Okay, I don’t have to put my boots on while I listen to you.” (I stop. The conversation spirals.)

[AS]: “Look. When we’re talking about time, you have the quality of time or you have the quantity of time.”

M: “I understand.”
[AS]: “No, you didn’t! You didn’t understand what I just said now: I asked if you could listen, so I was talking about quality of listening.”

M: “I wasn’t sure if it was going to be five minutes or more.”

[AS]: “You should have been able to tell by the way I responded that I was looking at the quality.”

M: “I had stopped putting on my boots so I could listen; you’re putting me between a rock and a hard place.”

[AS]: “Quit changing the subject! You’re always changing the subject! Where does that leave me?! I don’t treat you like that! What are we going to do with that?—I may as well just burn my books if they make you treat me like that!—Then I’ll have to quit my job!”

M: “I’ll see you later.” (I’m fine, but he thinks he sees anger in my face, so he’s sure I’m mad at him now.)

[AS]: “Oh! And now I’m in the doghouse! I’ve really ruined it this time!”

M: “I have to go—it’s time for me to go!” (His first wife had up and left him, so ever since we’ve been married, he has been convinced that it’s only a matter of time until I leave him like she did.)

[AS]: “This is it! Now what’s going to happen?! I don’t know how I can go on after this!”

Before he escalates into a full-blown meltdown, I quickly get in my car and drive away. I’m feeling depleted, and of course, we have this scene right before I’m coming to talk about being a spouse of Asperger’s.

Women saw her and called her fortunate,
Queens and concubines praised her. (6:9)

In regard to AS behavior outside the home, anecdotal and clinical evidence point to a strategy of situational normalcy, the facility with which some adults with AS are able to blend in to certain social situations at times, taking on the characteristics of those
present in what is thought to be an adaptive strategy of social adjustment (Thompson, 2008). Dissimulation of AS characteristics in social situations has very important consequences. In the absence of problematic behaviors, the NT spouse’s reports appear to contradict the obvious; her complaints thus disconfirmed, in the eyes of family, friends, and therapists she becomes the spouse with the problem. For her family and friends, she risks becoming a scapegoat; for clinicians, she becomes the primary focus of clinical attention. For herself, her real needs are not at all addressed; her mental and physical health may deteriorate. She inevitably comes to doubt her sanity, and more often than not, will indeed require psycho-medical treatment, the outcome that confirms what everyone knew all along. For the AS spouse, juxtaposed with the languishing NT partner, an impression of overall functioning is enhanced *effortlessly*, providing compensative social benefit in terms of apparent social success, a sense of social agency, and a means to assuage social anxiety. The behavioral effect of this social strategy is implacable complacency on the part of the AS spouse when the NT partner is emotionally distraught *in public*, that is, whenever an observer is present. In lieu of unforthcoming empathic support, the NT partner is coolly watched with thinly disguised schadenfreude. There lies one of conjugality’s greatest benefits.

*EVE*: He’s one person with you, he’s one person with somebody else, and some days I wouldn’t know who I was going to get. In couples therapy, I wish I was married to the guy he’s chosen in front of the therapist! When the therapist asks, “Was that true?” he doesn’t remember. He makes stuff up… he lies about stuff all the time, no problem. It’s just bizarre to think he pretends and has no problems with that. People think I’m crazy because he has a persona in the outside world: Mr. Nice-Guy; Mr. Computer Expert. When I got brave enough to tell some people about his rages, nobody believed me: “He’s such a nice guy!—I mean, *he’s nice to me!*”
KATIA: His aunt is a psychotherapist—a therapist!—and she doesn’t get it either, because she has never seen him behave like this. She doesn’t see it—because she doesn’t live with him. You can tell them all you want, but outside he’s different. He really, truly is different. Outside, he’s charming. It’s only with me that he has very, very, very defensive reactions; he will not be mean to anyone else besides me. So it really does make you feel like you’re going crazy [slightly sarcastic]—me (as usual) it means. And other people tell me, “Oh, my husband does that, too,” or “It’s just male,” but this is a whole different level of intensity. I used to try to confide in somebody at church and they’d say, “Be nice to him.” “Just pray!” “Hold him accountable.” They don’t get that holding him accountable no matter how gently triggers the meltdowns.

MIREILLE: After we got the diagnosis, I was going to a therapist, going absolutely crazy with resentfulness…feeling manipulated…passive aggression…trying to wrap my mind around how he could seem to turn it off and on. In public, and with certain people, he is wonderful, and no one would ever think there was anything unusual about him. He’s the absent-minded professor so gets away with mismatched clothes or pants that are too short—it doesn’t matter, you can let it go. When we’re with family, he’s just very funny, loves all the kids, and interacts well with them—it’s as if he turns the Asperger’s off until we get home.

Listen! My lover!
Look! He’s coming,
leaping over the mountains,
bounding over the hills.
My lover is like a gazelle
or young deer.
Look! He’s standing outside our wall,
peering in through the windows,
peeking through the lattice. (2:8-9)

A persistent and particularly misleading stereotype associated with AS is the geek who is refractory to sports and outdoor activity. While clumsiness, unusual gait, and a lack of motor coordination are considered characteristic features that contribute to an overall clinical picture (e.g. Grandin, 2008; Sahlander, Mattsson, & Berjerot, 2008), many adults with AS excel in a wide variety of sports, and may practice them intensely. These will most often be activities which can be pursued alone or with friends, rather
than team sports, and in the peace and quiet of the outdoors, as opposed to a cacophonous over-stimulating basketball court, for example. That many adults with AS show great dedication to sports may defer a diagnosis of AS, for several reasons. First, an individual’s involvement in sports renders a convincing impression of social integration, especially in contemporary Western cultures, where sports are strongly associated with a team spirit ideology of cooperation and empathy, a flattering context that contributes to the attractiveness of a potential AS partner. Second, the regular practice of sports involves complex motor coordination, physical strength, and visible health benefits suggestive of the widely accepted *mens sana in corpore sano* ideal. And third, outdoor sports activities are often enjoyed with a group of friends, so the presence of close relationships is presumed; however, the meaning of “meaningful relationships” to an individual with AS refers to those people who accept to share an *activity*, rather than personal thoughts or feelings. These considerations are presented here, because sports involvement may be an aspect of the clinical picture that contributes to the general difficulty in recognizing the presence of Asperger syndrome.

**FAITH**: He exercises regularly, but always alone. He runs or takes his bike out, but since I couldn’t keep up at his speed, I stopped going along.

**EVE**: I didn’t think he could have Asperger’s because he’s not clumsy. He’s very physical and good at moving his body around—He’s a black belt in karate. But he has no sense of rhythm and can’t dance.

**ANNE**: We’re surrounded by these women MBAs and their husbands in finance who train for marathons and triathlons and ironman. It’s the high expectations of yourself you would normally have in a career world. But my husband does none of that. What he loves is to go hiking; he’s a skier; and he does hardcore mountain climbing—he even did the Matterhorn.
JULIE: His Asperger’s “special interest” is being outdoors, hiking and kayaking. I mean, he would live outside if he could. He created a hiking club in our town that has become a fun, active group, but he’s starting to have some problems: the other people don’t want to walk at his speed or go on his trails. It always comes down to him.

KATIA: A friend told me when you have a good moment, enjoy it when it happens, so you can survive through the rest. One good moment is when we go for a walk. When he’s not feeling threatened by me, he talks about all his ideas, and these discussions go on, and on, and on. I like to brainstorm, so it feels like a connection. That’s really fun. That’s really, really good.

MIREILLE: He was married to one of my friends, which is how I knew him. The two of them invited her brother and me to go kayaking on the Colorado River for ten days. Back then, there were no digital devices, so we were really roughing it out there in the wilderness. That’s where we fell in love.

O that his left hand were under my head,
And that his right hand embraced me! (8:3)

The woman conjures her desired lover with her delightful memories …

EVE: For 25 years, he didn’t let the kids or me hug or kiss him. If I tried to when I was feeling good about him, he would turn to avoid it, and nudge me away. Yet, he would hug other women in front of me, no problem. He never said anything nice to me, ever, like “you look nice” or “you did a good job on this” and the same with the kids. He never... ever... ever... ever apologized, even when he said horrible things. He never said he was sorry.

ANNE: I...sometimes... crave... ... just informal...affirming touches...and we’ve never really had that.

JANE: His Asperger’s is profound in the inability to express himself and the aphasia stuff, but—he’s very physical. He’s not verbal—but he’s physical. So that compensated for it all those years. I mean that would have been a real game changer for me, I think!

KATIA: We were in bed one morning and he was a little bit more receptive to a “snuggle”— [dryly, with a rueful frown, turning her head to and fro toward the ceiling] ha-ha! He said, “Katia, I’ve been thinking.” I love it when he uses my name; it makes me really happy! [Hand on her heart, smiling] It makes me feel like, “Oh! I can relax.” It’s so rare that he uses my name, and I love it so much, I need it so much, so when he said that, I think that maybe he’s being nice. But
here’s the double whammy: he uses it because there’s something wrong, there’s something up; it’s going to rock my world again. He went into this harangue about the finances. I’m in bed, and I’m thinking I’m going to have this cuddle. It seems to me that he’s almost trying to sabotage the good moments.

My beloved put his hand to the latch,  
and my heart was thrilled within me.  
I arose to open to my beloved,  
and my hands dripped with myrrh,  
upon the handles of the bolt.  
I opened to my beloved,  
but my beloved had turned and gone. (5:4-6)

Her impregnable lover remains emotionally inaccessible even in the most intimate moments. She waits at the summit of erotic estrangement.

EVE: He wanted to do things in a certain way, and wouldn’t take any feedback about it… he was just so temperamental about it. Sex turns into some…bodily function like pooping… he did his own thing. It’s not fun, romantic, exciting. Mutual. He’s not going to experience it as being a shared thing. Dealing with that was really hard… it wasn’t a connection. So I thought, “Good sex is not going to be a part of my life anymore”—so what?—that’s life… Whatever… It’s a shortcoming of your spouse that you have to learn to deal with.

ANNE: We often go to bed at different times. Or if we do go to bed at the same time, he has his routine of taking his iPad out. It used to be a book, now it’s an iPad. If he’s researching something or reading, there’s a screen there, and that’s like the least turn-on I can imagine. It’s part of his routine, because he knows he can’t fall asleep without it; he has to get his brain to a certain point…it seems like there are no other skills to get it there. I can fall asleep instantly. But he still has to block out stuff in his head and refocus. Anyway, with the screen in bed, it’s not the most romantic place to be. He has been romantic at certain times. Maybe I’m just too past all that to appreciate it. Maybe it’s partly just me being, “Oh. Nice try.” That’s so wrong!

KATIA: I really don’t ever relax—e-ver—ever. I cannot relax. My mind is just going, going, going, going; that’s why I’m desperately looking for some kind of vacation with him, just to be able to relax. I know things aren’t right, so I feel unable to relax. I would love to… something I would… love… would be… to feel content. For sex, he’s willing, but only if I initiate it.
MEG: If I’ve had a hard day, I’ll text him before he leaves work, just to prepare him so he knows what to expect. His method of dealing with it is to put up a wall and protect himself. Even if I say I need a hug—because my husband is a very huggy person, and if he needs a hug, it’s very nice and warm…If I say I need a hug, and he doesn’t need a hug, it is a completely different thing [snickers]. I still take his hug, because it’s better than nothing [teary sniffing]—but—it feels so—robotic. I have found that what I can get is if I go see my best friend—she’s been just phenomenal for the last couple of years, especially…She just knows and she just puts her arms around me, and she’s just there, and you don’t have to say anything and it’s just warm.

A garden locked is my sister, my bride,
a garden locked,
a spring sealed.

Awake, north wind,
and come, south wind,
blow upon my garden
that its fragrance may pour forth.
Let my lover come into his garden
and eat its choicest fruits! (4:12, 16)

The woman is an erotic garden of edible delights, and excessively lush metaphorical imagery lifts the poem to its sensuous culmination as the man describes his lover (Exum, 2005, pp. 173-174). But an NT’s garden tends to shut down over time…

ANNE: He says that I’m actually more the one who pushes away, and that I don’t seem to have those needs. He says I’m harder to approach…It’s not been…it’s just not been a big part of our relationship, like I know it is for some people. I don’t know why that is…It makes me sad… I’ve been jealous when I see other couples that just have a different way about them. It’s a way I remember having with a few boyfriends, but that was such a different point in my life, so I don’t know if it was the chemistry then, or if I don’t know what I’m missing. What I usually crave more than anything is…if we’re going to be…First of all, both of us stay up late-late-late, and we often each do our own thing in the evenings, which is also not totally cool, but we’re working on that. He’s so kind and sweet, that he’s never going to be someone who expects or insists.
**FAITH:** Empathy is what I missed most.

He didn’t like what I would do for the children and wanted to do things his way. Even little things that I enjoyed would get no support. To be constantly with somebody who acts like they’re not listening to you, doesn’t notice you… I was actually a very good engineering student. That was my major in college. Of course, he has a Ph.D. in math, and when I wanted to take some more classes to get a job, he would just ridicule me and try to make me feel inferior. One by one, I gave up the things that were very important to me. Now I’ve given up the children.

**EVE:** I started living in my head, because he literally wouldn’t talk to me… Having these conversations with myself all the time, not realizing that I was isolating myself more and more… making him the focus of everything just to try to understand. For a long time, I felt like I was in a fish tank, and the walls were glass, and I was trying and trying and going nowhere, dropping back, feeling exhausted. Down the rabbit hole I went.

I’ve been slowly working myself away from emotional connectedness to him. I don’t feel like we’ll ever have a true, mature man-woman relationship. I mean, he’s like a teenager; he acts like I’m his mother. When he tries to be affectionate, it’s in a little kid way, or he’s going to kiss me on the cheek, but it’s like a little kid would kiss their aunt or something. It creeps me out so much. I feel terrible, because as a woman, I feel so unappealing…empty, too… I just feel like this hollow shell.

**JULIE:** I grew up here; I worked all my life here; I’ve never left here, so I have a lot of family and friends. With Asperger’s, the social part is a really big problem, and it was very hurtful after we got married. I had previously been married to an alcoholic, and I chose never to do anything with my first husband, because he could get embarrassing, so this time I really wanted somebody who would do things with me. My friends invite us out, and he’ll say, “No! I’m not going! You can go with them.”

He’s very affectionate. He can be very, very affectionate. We live in a small town, and I’m a teacher. When we first met, he wanted to be affectionate, and I’d say, “Please, no public display of affection!” He would want to be affectionate all the time. And he’s still like that. He really is. That’s not me, but.

**KATIA:** I tell him over and over again that I love him, but he just doesn’t get it. He said I love you once a long time ago, so I “should know it now.” When I bring up something about our relationship, he’ll say, “Well, you’re doing the exact same thing to me—what about that?—Use the mirror!” Even when I’m not mad, he thinks I’m attacking him. Criticized or blamed. This blame thing happens a whole
lot, which isn’t nice. My motives are questioned, or my—everything’s questioned. It’s a 24/7 thing… This is how I get an idea of who I am. Who I really am I sometimes…oh I…pfff…I have to be someone totally different in my marriage.

I know when he comes home from his trip [lackadaisical] he’s going to hug with me, and it’s going to seem like, “Oh, he really missed me.” He’s nice [blasé singsong] and a little physical; then it’s like [blasé] “OK, he really missed me.” [Sarcastic singsong] He might even cry. Maybe things will be connected; it lasts for a day, and then it stops—it really does. When we lived in Germany, our friends would ask him every so often, “Have you given her a hug?” That really helped! It’s not rocket science.

MEG: Moment by moment, I never know what will be the factor that causes him to get angry, and there is a lot of anger. So I’ve moved out of our bedroom and into my office; I’m trying to recoup my own safety and safety net, and test where we are in our relationship, because I constantly feel like I’m walking on eggshells. It’s a personal safety issue, security, and literally, I needed to take a step back and take a breather. It had been one of those “have one night” but one night has turned into three months of not being together.

MIREILLE: He would accuse me of not being spontaneous enough. (But, I was just so full of resentment.) The solution he’s happy with is to maintain scheduled intimacy once every two weeks. I guess I can deal with that.

He likes hugs a lot; he keeps saying how he feels like he needs to make a contraption like Temple Grandin’s “squeeze machine.” Since he stays up half the night, we’ve worked it out to where I go tell him I’m ready for bed so that every night he gets his cuddle time.

*My mother’s sons were angry with me;*  
*They made me keeper of the vineyards.*  
*My own vineyard I have not kept.* *(1:6)*

An NT spouse seeks couples therapy at some point in the marriage. This verse of the Song is selected to evoke the scapegoating she endures inside and outside the home; the cultural expectation that she be her husband’s caretaker; the dearth of effective support she encounters when she reaches out to proactively address her own needs; and, the risk that without meeting her own needs, she will produce no life-giving fruit to
sustain herself or anyone else. A vineyard that through longstanding neglect produces no wine offers an apt image of depression, or perhaps more suitably, affective deprivation disorder, a relational disorder caused by enduring relational dysfunction in reaction to a chronic lack of emotional reciprocity. Whether or not a potential provider of support is aware of what AS is, the needs of the NT often remain unmet, for several reasons. If the condition of her AS spouse is not recognized or diagnosed, the NT spouse automatically becomes the focus of the problem. If her spouse’s AS has been diagnosed, it is he who becomes the focus of clinical attention, while she becomes the designated driver for the success of his therapy, a responsibility that entails compensating for his multiple lacunae.

The NT traditionally has two therapeutic goals from which to choose, if she wants to change how she reacts to the couple’s relationship problems (Stoddart et al., 2012): (a) educational efforts to increase her own understanding of the condition might allow the NT to reframe AS-related behaviors with the neurology rationale; (b) divorce. The experiences presented here are voluntarily extensive, for the purpose of conveying the complexity of this problem in the interest of professional audiences. It is interesting to note that with no exceptions, it is the untrained NT spouse who brings the hypothesis of AS to unsuspecting professionals, some of whom have misdiagnosed the AS spouse for years, a failure which suggests that a radically different clinical approach may be necessary for professionals to recognize adult AS and effectively address the real mental health needs of both partners.

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7 For a more complete description of AfDD see Chapter 1; also, Definition of Terms.
**EVE:** In therapy he would just complain about me and not do any of the exercises. The therapist didn’t pick up on the Asperger’s, because here I was, anxious and stressed out, depressed and jumpy and suspicious, and my husband played Mr. Nice Guy whose wife was abusive. [AS] eventually saw two other therapists who also couldn’t diagnose Asperger’s. In their sessions, “guys will be guys” was reinforced, and my husband would cling onto those stupid male stereotypes as justification for his sex addiction. He was trying different medications, and I was expected to shepherd him through the process. For couples therapy homework, I was supposed to be his teacher, his guide dog, which would make him even angrier at me, verbally attacking me, very aggressive. I was starting to unravel.

**JANE:** I was regional manager, and I had a lot of people working for me at the clinic; I had a three hour daily commute, and I would come home at night to my retired husband who couldn’t take care of dinner no matter how gently I asked him. My doctors kept saying I needed to retire or I would get sick. My brother had killed himself, and shortly after my mother died. My sister’s husband was in the hospital, because he had tried to kill himself, and she was a mess. We saw a series of couples counselors who were just awful. God awful. I’m still really angry about it.

He loves to talk insurance to these therapists right when we’re just sitting down, and if the therapist doesn’t stop him, he can go on for the whole hour like that; that’s why we didn’t go back to the first one. I mean my mother had just died, and my own therapist was on leave for cancer. It was a lot of life lessons in a very short time, and my husband really couldn’t help me out, or even function, really. Because the worse I got, the worse he got. It’s so scary to him to have something wrong with me, that he’ll “out-victimize” me! That’s the other piece of Asperger’s.

We find another therapist, and I wanted to talk about the issue I was having about coming home from work. I’m really fragile now, when we first go to her, really fragile, and he would say, “She yells at me.” So the therapist would tell me, [impersonates an empathic female therapist] “Well, you have to learn to be more patient.” Being the self-responsible person that I am, I think, “She’s right! I’ve got to be more patient.” So I would try it, and I would do the exercises she gave us. He wouldn’t do them, and every session, he had an excuse connected to something I had done. She didn’t understand Asperger’s and she didn’t pick it up. He would present like this victim—maybe because he felt like a victim; he was the victim—in his head!

Nothing was changing, and things actually were getting worse. I had been hopeful some things would change, and they wouldn’t, and the only answer would be to go back, and he’d make excuses, and she would accept them. We needed strategies, not some Freudian thing to figure out who was at fault. So we thought
maybe it was his therapist who never helped him, because [AS] can’t tell him—he can’t report to him what he’s feeling. They would all try to make him talk about his feelings, but he can no more talk about what he’s feeling than the man in the moon!

Anyway, she suggests that he see her husband. When I think about this now, I get so furious; I knew it wasn’t right, but I felt desperate. I’m sure I would sound angry and frustrated to the therapist, because I was getting scared that nothing was changing. He’d been in therapy two to three times a week for eight years by that point.

I had seen a movie about someone with Asperger’s…the movie Adam?…that triggered the idea that maybe that’s what he had, so I started reading a lot about it. My daughter-in-law is a teacher and I remembered that years ago she had suggested he might have it. Everything just seemed to click. I went online and found an Asperger’s couples group and we went to that. I expected him to have the very high-functioning type, but it turns out he’s pretty severe because of the nonverbal stuff. He didn’t think he had it, and in the couples group, he would say he didn’t have it. We had Asperger’s couples therapy and of course he would be blaming me. He’ll always blame somebody or something else for whatever happens; it’s never his fault, and in 52 years of marriage, he has never acknowledged anything to be his fault.

**JULIE:** All these things started to mesh together…There were the meltdowns. And the social aspect: He just is not socially successful at all. He has trouble with eye contact. When we’re with people he’s silent, and at times he just leaves without saying anything. But, he’ll talk my ear off about something he’s interested in—it’s so boring! I started reading about Asperger’s; I ordered several books; I looked for information online; I went to the library, and I was just mesmerized because those were his characteristics. I mean, it was dead on. I was seeing a counselor at the time, as the former wife of an alcoholic. I told her all about what I had been learning and I told her that I knew he had Asperger’s. She was not an Asperger’s therapist even though she was familiar with highly intelligent people she called “nerds” who lacked social skills. So I got the name of a psychiatrist who interviewed both of us and confirmed the diagnosis. [AS] still insists that he never heard the psychiatrist say he had Asperger’s, even though I did, and any time I mention it, he starts to get irritated with me. He knows I go to this NT spouses’ support group now, and he does not like that at all.

**KATIA:** Not too long ago, a friend showed me an article in a magazine about Asperger’s, and it really hit the nail on the head. So we saw a therapist who said he thought [AS] might have anomalies in his brain connections “of that magnitude” but wouldn’t give a diagnosis. The truth will set you free, and if you know the truth you can find a way to deal with it. But especially, you stop getting blamed
yourself, because in this relationship I get blamed for everything. The therapist had me attend a session with [AS] so he could explain my husband’s reactions to me. I didn’t really trust him, because I had called him emergency-wise when [AS] was suicidal, and he never called me back.

**MEG:** It’s game over, because some of the therapists we’ve been to were really detrimental to our marriage. We went to so many therapists. We’d say we’re coming for marriage therapy, and, quite literally, after a couple of visits, it turned into, “Let’s visit you individually”—and they would take [AS] first. Quite honestly, what happened was that they wanted to see him only. We’d try to go back as a couple, or try to have them see me, and they’d say, “Therapy is not working for you; I just want to work with the spouse who has Asperger’s.” So now I just read books about ASNT marriage, and I talk about what I’m going through with a few good friends.

**BETH:** When I told my son’s therapist that I was planning to divorce [AS], he said he didn’t believe in divorce for kids. He said it wasn’t healthy for the kids if the parents got divorced, and he quoted a research study, some study about how they tracked kids whose parents had divorced. I’m supposed to stay married to this crazy man—otherwise it’s not healthy for the kids? The next thing I know, [AS] is on the speaker phone with the therapist saying he has to have access to the kids, and how important it is for the kids to be with their dad. I just looked at the therapist and said, “You have no idea what you just stepped into; you should have been involved with the marriage counselor before you did any of this.” So on my way to drop the kids off at their dad’s, I get three obscene phone calls, and on the fourth one, [AS] says if I don’t have the kids there in fifteen minutes, he’s going to have the police come and accuse me of child kidnapping. When I knock on the door of his apartment, [AS] opens it and says, “What the f—are you doing here? He grabs me by both of my arms, and shoves me into the hallway, screaming, “F—you! F—you! F—you! Get the f—out of here! I don’t want to see you! Get the f—out of here! I’m going to call the cops on you! You’re trespassing! You can’t be here! I can’t believe you came here!” I go downstairs to sit in the vestibule; I’m shaking and trying to call the therapist, because I’m not sure if I can leave the kids with him in that state.

**MIREILLE:** [AS] has actually been in therapy for the past twenty years; they thought he had bipolar. One time, he was very, very depressed—he was going for days with no sleep and was calling in sick, and I didn’t know what to do. We did some reading, and I found an article about adults with Asperger’s. He came across an online screening tool, and it was pretty obvious he had Asperger’s. So [AS] and I took the article to his therapist and a psychiatrist, saying we thought he had it, and they said, “Ah-ha! Yeah, that explains it.”
His therapist hadn’t been aware of it, but had worked with him over the years on a lot of the behaviors; he used to say [AS] was unusual. He could never quite figure him out, because he seemed motivated, but he would spend the session just asking so many questions. This therapist teaches Clinical Psychology at the college where my husband teaches, and they’ve developed a nice relationship over the years as [AS] keeps going back for more therapy. I think [AS] just wants to talk about academic stuff with him, and is interested in analyzing human behavior in general.

After the diagnosis, I was invited to join their sessions, since a lot of the challenges, obviously, have to do with the relationship. But when we’d go together, [AS] would oftentimes have meltdowns during the sessions—just cry, and carry on, and just—it was just...it was just seeing...it always felt afterwards that [AS] ended up in a worse state than he was in before. So his therapist and I decided it was better for [AS] to continue alone. I went to someone else, but I only saw her one time, it was a total bomb. She wanted to convince me that this whole thing was about me being co-dependent. I just couldn’t deal with that. I thought, “You don’t know; you don’t understand; that’s not the issue here.” I mean, there are some points to that, but it felt like the focus was too narrow.

*I am a rose of Sharon,*
*A lily of the valleys.*
*Like a lily among thistles,*
*So is my friend among women. (2:1-2)*

By engaging in therapy, the NT spouse may feel a surge of renewed hope and actively seek improvement in her own interpersonal functioning, as well as that of her family through any peace-keeping and conciliatory measures she can implement, remaining in the marriage or by separation. A common thread woven throughout all phases of the marriage for the NT is the nonexistence of compassionate support on the part of the AS spouse, not necessarily attributable to indifference or ill will. In order to respond to another’s need, awareness of emotions, empathy (perspective taking), theory of mind (accurate interpretation of intention), sense of context (event within temporal context; intra- and inter-group dynamics), memory, and other executive functioning skills
(impulse control), are involved. Leadership, the art of negotiation, compromise, and conciliation are complex cognitive processes. Someone with AS might simply be at a loss to know what to do. Deficits in these capacities preclude taking appropriate initiatives, anticipating outcomes, perceiving the effects of one’s speech or behaviors on others, and gauging priorities. Instead of safety, an NT spouse can feel stranded in delicate situations, and vulnerable to attack.

**JANE:** I had been sexually abused as a five-year-old by a neighbor, and the neighbor recently came back. I was giving a series of public seminars around our state, and he was trying to find me. It turns out he had been looking for me all these years. I realized that with the Internet, he might actually find me—then he did find me. That was another time when [AS] just couldn’t [shaking her head, trailing off]…just couldn’t. Couldn’t help. Yeah. But anyway, I went to therapy because of the guy, and my therapist started to question my husband’s impact on me. I kept saying, “No, no; it’s my parents. It’s my mother. It’s this. It’s that.” I never wanted it to be my husband. I wouldn’t let it be him to her, the whole time I saw her, really, but she knew. Somehow she knew he couldn’t protect me. She had him come in, to try to tell him how not to leave me home abandoned…and the other things he did…And he couldn’t. No. It took my cousin, who works for Homeland Security to do something about it.

**ANNE:** He has had a number of run-ins with my mom. She’s like the most Mary Poppinsish person you could imagine: just a good wholesome person, always thinking about other people. *I love her.* I love her! She was a cheerleader in high school, the worst cuss word my mom will say is damn—that’s like a big deal when she does that, that’s who she is. He’ll take her on for so many things, and he’ll keep trying to hammer his point home, then ultimately her feelings are hurt, and he’s mad and screaming, “Who’s in charge?” I tried to interfere a few times, but that didn’t turn out too well…

**KATIA:** At his own birthday parties, he would get stressed out right away and leave. I’d take care of the whole party and explain, “Oh, he’s not feeling very well; he’s got a headache…” I got sick of it, because then he’d come across as a victim. People were always telling me, “Well, maybe if you weren’t so busy all the time, he wouldn’t get headaches so much.” When his parents heard that he has Asperger’s, they were here, and he was lying in bed not moving, having a burnout session. They thought it was something *I* had, that caused him to act like that, because, “He never had *that* when he was around *us.*”
**FAITH:** Because he couldn’t stop haggling over every custody detail, I had been in court constantly every year…year after year…legal paperwork…and in our state, they love those software engineer daddies who want to spend their lives in court over divorce and custody! It’s so stressful over time, because you’re fighting with him about things that don’t make sense to have to fight about. You’re not criticizing him, but he thinks he’s being attacked. You’re not trying to control him, but he feels like you’re doing something to him behind his back all the time. You have to stick to his rules no matter what, and in his mind, there can only be one winner and one loser. There will always be something about which we won’t agree, because he will never feel like he has sufficient control; so for him, nothing will ever be enough. It looks like high conflict, but it’s not actually conflict. It’s dysfunction. When I got the divorce, I made the decision to divorce all the people who are not helpful to me in my life.

**MEG:** In chat rooms for NT spouses, people would private-message me, saying, “You have to get out of that marriage!” “I can’t believe you’re still in that marriage.” “Get out now! Pack your bags, take the kids, leave.” “I’ll send you money and get you a hotel.” Maybe there’s a lot of research on Asperger’s, but the little I’ve found on NT spouses and relationships is weak.

The watchmen found me,  
those who go the rounds of the city;  
they struck me, injured me,  
took my wrap from me,  
the watchmen of the walls. (5-7)

In this verse, the guards of the streets behave surprisingly, to be sure. The woman goes out into the night alone seeking her lover—and love—asking everyone in her path for help in finding him. It is the point in the Song where the most extreme vulnerability is conveyed. The men forcefully strip off her veil in a contemptuous act of exposure (Exum, 2005). A woman walking the streets alone late at night was presumed by the guards to be a harlot. Middle Assyrian law demanded that a prostitute’s head remain uncovered, and if veiled she be arrested, her clothing taken from her, given fifty blows with a club, and asphalt poured over her head (Exum, 2005, citing Keel, 1994).
Having worked through some of her personal issues in therapy, if the NT spouse decides that the best recourse for herself and the family is divorce, she risks intensifying rather than abating conflict, aggravating the damage she sought to avoid. This common conundrum is perhaps related to the lack of theory of mind associated with AS: the incapacity of the AS spouse to understand what might be sincere intentions on the part of the NT parent to protect the interests of all family members—including his. The stress of divorce is toxic change par excellence for most people, whether or not they have a disorder of social interaction and communication. But the adult with AS may react with a fear-triggered angry desire for revenge, cognitively fueled with black-and-white, take-no-prisoners thinking. Mentalization incapacity could account for why the individual becomes tirelessly litigious, and disregards common-sense co-parenting arrangements, aided and abetted by decision-makers in the judicial system who are unaware of AS in general, its role in conflict, and its implications to responsible childcare.

**FAITH:** I’m living in Singapore right now. I’m a citizen of Singapore by birth, and I have a lot of family and important ties to this country. Since I haven’t seen the children for almost a year, I’d written him to suggest they come spend summer vacation with me. He never said they couldn’t, but I could tell he wasn’t going to let me, because he hadn’t renewed their passports. He says they can’t travel alone; he says I have to pay for the tickets; he’s making all these rules to make it difficult, even though I have a right to take a vacation with the children.

I’m going to do the best I can! I renewed the passport and bought the tickets. I flew over, and went to pick up the children after school. By evening, when we went to take our flight, he had called the police and made them come to arrest me at the airport with the children, which I knew was the only option he had if he wanted to stop us. That’s what he did. The police had to stop me and arrest me and take the children back to him, because there was no other option. They can’t look at it and say, “Is this right or is this wrong?” They just say that the father disagrees. They took the children back. They took the passport and gave it to him, even though I had paid for it. Everything I was doing was legal—except that he disagrees.
The children are basically under house arrest, and I was arrested, but the policemen knew I was pregnant, so they said, “We’re not going to keep you. We’re not going to detain you. You were very cooperative, and what do you want to do now? You have a hearing in the morning. Do you want—?” I said no. What’s the point of going to the hearing? They’re not going to change their mind. They’re not going to change their mind until a court case. That could be a year from now. Nothing is going to happen. I hugged my children and kissed them, and I told them, “I’m sorry; this is the best we can do; we can’t do any better.”

The policemen actually put me in a wheelchair, and wheeled me onto the plane, because they could see that it was a tragedy, basically. They could see I was distraught and upset. A plane full of people was waiting when I got on the plane, and I came back to Singapore without my children. That was last the last time I saw them, last year.

You who dwell in the gardens, companions listen to your voice. Let me hear it! (8:13)

The Song of Songs is an invitation to share in the private world of lovers, and the listening in this verse maintains a tension between voice and silence (Exum, 2005). Possibly the most immoveable obstacle to any form of mediation, whether it be familial, social, judicial, or even privately between the spouses, is that no one knows who the individual with AS really is. Mostly a benign source of puzzlement under normal circumstances, the consequences are serious when the welfare of children is at stake in the context of incessant court litigations, as well as undiscerning applications of custody laws. Ensuring that co-parenting behaviors protect the interest of the child can be a major concern and source of stress for a divorced NT spouse, whose solitary voice is once again unheeded in a desert without witnesses.
ANNE: He really doesn’t have any friends. He thinks he does, because after two years, he can remember a few people’s names.

KATIA: I don’t think he has any real friends. He thinks he does, because he has a lot of acquaintances. Even when we lived in his hometown, if people were over he would just leave. When he comes home from work, instead of even trying to interact with me he blogs. It’s really horrible what he writes: He’s out on a date with me?—on a boat?—to Cape Cod?—with our bikes?? Really?! Seriously?! There’s nobody I can tell, because we don’t have any accountability kind of relationships. No one really knows him.

EVE: He doesn’t talk to me because he thinks he already knows what I’m thinking and that I’m thinking the same thing he’s thinking. Living with someone who thinks they know what you’re thinking, so he never talks to you…like he’s in his own world—and I’m trying to communicate with him! And I’m trying to make the world around him fit his very bizarre model.

FAITH: His parenting problem is that the abuse is in the form of neglect and that can be scary. He wouldn’t know if the baby’s bathwater was scalding hot or freezing cold; he doesn’t pay attention to what the children tell him; he doesn’t notice if they’re sick, or wouldn’t remember to give them their medication. I couldn’t prove anything to the court. We had a guardian ad litem who was representing us both, since [AS] didn’t have any names of people who knew him. He just doesn’t know anybody. My friends never see him, because he’s never there. Nobody knows what he’s like. Nobody ever meets him, and if they do meet him, he’s very quiet and nice, because he’s a smart guy. No one has anything to say about him.

JANE: He doesn’t have any friends. We live on the ocean and we have a two-person sailboat. If company came over for a day at the beach, he would get in his sailboat and take off and not come back. It made me so angry and frustrated, because I would have the five kids, have all the work, and have to take care of the company alone for the entire day. But then, he loves to go to his group every week; he’s been going for eight years. What struck me the times I went with him is he never says anything. Never says anything. The other people talk-talk-talk-talk and he just sits there and never talks.

Sustain me with raisin-cakes,
Refresh me with apples,
For I am faint with love. (2:5)
In the event that the NT spouse chooses to remain in the marriage, her need for a meaningful sense of belonging and emotional connection will be nourished elsewhere. Instead of exotic passion fruit in a distant garden of Eros, she will be sustained with the raisin-cakes and apples of friendships and outside activities.

_EVE_: I just felt so messed up and so…damaged. I didn’t feel like a human being anymore. If I hadn’t had children, I might have ended up in that dead world and stayed there and been a very unhappy person. It forced me to really dig deep and start some things. The first time I realized that a man had made eye contact with me, I was elated. I was so excited. The feeling of being alive slowly started to creep back. I reconnected with my old friends, because I had given them up, too, to focus on my husband.

_FAITH_: I tried to find other people in our situation, so I went online. What I really wanted was to be less lonely. It was so nice to be able to talk to some other people online and feel like I’m not completely crazy. I couldn’t find any NT support groups in our area, so I started one at the local library, and I did this for three years. During that time, I talked to a lot of women of all different ages; it was really great to meet people close up, and we could never finish talking!

_JANE_: If I had been more in touch with my own feelings… I had come from such a dysfunctional family, I had had such an extreme life, and he was so calm, so unflappable… He still is very nonverbal. What happened was that when I finally _did_ deal with some of that stuff for my self—[stops, closes her eyes, lets out a sigh]… I was in my forties before _that_ happened, so when _that_ happened, I started to expect—or need—some kind of response from him. At least I learned that he couldn’t _do it_, I mean, at least I learned that it was _lacking_. What _I_ did with that was to just—I joined things and I just made—I just have a huge circle of friends and just compensated _that_ way—as the children were going off particularly, because with five kids, truthfully? We didn’t have a lifetime to reflect on [burst of laughter] _why he wasn’t saying anything_!

_KATIA_: People don’t get it…They tell me, “You’re too busy!” “Why are you doing all that?” “You should relax, you’re getting older.” Yeah! This is the way I survive! If I don’t have connection with _him_, I’ve got to have connection in an appropriate way with others and elsewhere and…Yeah…That’s why I need it. I need it. I really need it. The connection I feel with people other than my husband is almost like air; if I don’t have that, I really _will_ stop breathing. And die. Hopefully… _that_ will be _enough_…although it would be really nice to have that…with your husband…
In this verse, the women of the city observe the two lovers who are coming up from the wilderness together, walking together or perhaps reclining in a royal palanquin (Exum, 2005). The onlookers have participated in the lovers’ story all along, encouraging the reader to be involved in the unfolding of their love. One may wonder about the possible reasons that motivate some NT spouses to persevere in the emotional wilderness of an NT/AS marriage, particularly in light of the suspected predominance of divorce among these couples.

**EVE:** He was making a lot of money. I was working plus taking care of the kids, I was spending every cent I made on daycare. I decided to stay home with the kids full time, because they got no attention from him. I got trapped. He didn’t help with anything. It was like living with an angry adolescent. He wouldn’t help me, he would talk back, give me the cold shoulder. I got myself in a really bad situation where I was very dependent on him.

**FAITH:** He has so much money, he’s an engineer making a huge amount of money, and it’s not a problem in terms of travel expense for visiting rights. He has plenty of funding and resources to easily do that. I feel like ever since the divorce, he’s been controlling me and preventing me from doing the things that I love. I haven’t had a career; I’ve been a full-time homemaker to be able to care of the children while they’re young.

**ANNE:** Being an engineer, he happened to do well at the right time in the Internet world and hit a high level. His companies are still making new companies, and he has really been able to accomplish the American Dream.

**JULIE:** He is very attentive to my needs…my health needs…my health needs—*not every need*—but…I will never have a problem. If I were sick, he would be by my side the whole time; he would make sure I have the best care. I mean, I haven’t been sick, but I’ve had a few routine exams and he has always been there to pick me up at the airport; I would never have to worry about him being late or forgetting. That’s quite a positive thing and important as you age, too. I guess it’s about having a partner as you age. —And financially—we’re well off, financially. I was never well off financially in my first marriage—that’s important, too. I don’t have
to worry about my care as I age. If I divorced, I would have to split everything. I’ve been through that once, and I really don’t want to go through that again.

**KATIA:** He’s ten years older than I am and I was very young when we met. He played the “daddy” role. His parent role lasted for a very long time. At one point, I wanted to get my act together, but that made everything worse. Life was easier when I listened to everything he said; oh my, it really was.

*Place me like a seal on your heart,*
*like a seal on your arm,*
*for love is strong as death... (8:6)*

The poem concludes with the woman’s urgent plea to affirm the power of erotic love, where losing oneself in the intergivensness of the act of love can feel like transcending mortality. The woman desires to be so intimately close to her lover that she becomes bound up with his identity as a seal, inscribing herself “on the very core of her lover’s being” (Exum, 2005, pp. 250-251), a metaphor that recalls romantic love, attachment, and the need to belong discussed in Chapter 2. Perhaps the act of love with a partner with AS involves a different bridge for union with the emotionally impregnable *autos*, bringing a different kind of seal, a different form of dissolution of self, a different sort of death. Participants in this study revealed various ways that they remained attached to their spouse, sometimes years after divorce, with no sign of its dissolution in sight.

**EVE:** He is dependent on me for a lot of other stuff, the social stuff. I would try to be intimate with him, and that just made things worse. He has no need for it... really. It’s ugly...ugly...because he rejects me so much I give more of myself, and get rejected more. It gets harder and harder, this awful cycle. It really eats away at you. I eventually just stopped trying to talk to him and he didn’t care. So you just *dissolve*. I thought, “No one is going to want me, and I’ll have to be with him forever.”
**FAITH:** It’s really sad. You just know you’re never going to end the fighting, because in the court system, they enforce joint decision-making, so you have to always co-parent unless you can prove that there is something wrong with one of the parents. He’ll just keep going after me. It’ll be forever.

**JULIE:** I’m like his security blanket. He just wants me to do everything with him. He puts it up in my face like, “You don’t do this with me; you don’t do that with me; put me in your calendar!” He would be with me 24/7 if he could.

[She glances over her shoulder at the closed door behind her.]
I keep thinking he might be out there! (I didn’t tell him I was speaking to you...)

**MIREILLE:** A few years ago, I had a client who was dying, who told me that she had wanted to leave her husband twenty years earlier, but her children had told her not to and she wished she hadn’t listened to them. I thought about that for a long time. I’m...sixty? The financial logistics of leaving...

**KATIA:** I know he likes me around, because he can’t sleep when I’m not in the house.

**JANE:** We were both taking time off work to take a two-week vacation and go see the kids. His new job was affecting him so much that he thought he shouldn’t come, so I decided to go by myself. Once I got out there, he tried to kill himself and was hospitalized, so I had to turn around and fly back. He’s never been able to tell anyone what was wrong; all he could say was, “The job, the job.” He stopped working so he’s home, but he doesn’t know how to cook or pick up. Shortly after, he was involved in a lawsuit and I was the one who would go to court and speak with the lawyer. I started thinking, “What if something happens to me?” Oh, my God.

**MEG:** It was Christmas and we had gotten engaged. He got violently sick, and he was throwing up, and my father-in-law told me, “He’s your responsibility now.”

**ANNE:** I think diplomacy requires—

[The door opens loudly; she turns and says hi. He informs her crisply, “10:30.” She replies, “I know, I’m almost done—10:30! Sorry.” He leaves.]

Again. Again! This is my time! Why can’t I just finish this conversation with you? It’s frustrating. I feel very controlled, and when I mention these kinds of issues with friends, they don’t get it, they don’t understand. They think he’s awful and cruel, and how could I be with this person, and what is wrong? How come I can’t stand up for myself? I’ve asked myself those questions, and certainly come close to saying, “I’m envisioning my life without you, because I can’t—I don’t think this is how it’s supposed to be.” I really don’t. But then I go back to this belief
system, of when I was a kid, I always believed that everybody gets something awful in their life. There are so many things that could be worse. But it’s still painful...you still lose your Self. I’m more afraid of the alternative: I’m not at that point where I have the confidence to live independently and deal with all this stuff that I let—that I’ve never learned.

*JULIE:* I probably would have chosen someone who wasn’t really right anyway.

**Universal Essences of Attachment**

In this chapter, the Song of Songs served to repetitively recall the variables reported in the literature to be associated with romantic love, for the purpose of creating reflexive tension between an evocative rendering of mature conjugal love and the meaning units that comprised the findings of the present study. The poetic dialogue between the two lovers accentuated behaviors suggestive of the secure base, proximity maintenance, and safe haven of attachment security, featuring bonding strategies involving expressions of empathy and mutual affect regulation, embodied psychosexual enjoyment and erotic intelligence, mentalization and sense of self. The variables found by O’Leary et al. (2012) to be associated with durable, intense romantic love were present throughout the poem: thinking positive thoughts about the partner, thinking frequently about the partner when apart, frequent physical displays of desire and affection, and positive affect.

Considered from the perspective of the attachment security literature, the data reveal a striking paucity of secure attachment behaviors in NT/AS couples. Instead, an overwhelming sense of terror, grief, loneliness, betrayal, confusion, helplessness, and hopelessness emerges from the participants, the emotions of abuse, domestic violence,
and trauma. In Chapter 5, a personal interpretation grounded in the literature will relate the results to the research question by identifying their universal essences.

**Summary**

Chapter 4, Data Collection and Analysis, began by presenting the process by which the topic and the research question were selected for the present study, and included a reflection on the personal motivation that inspired the project. The essential methodological steps of the phenomenology of Husserl and Merleau-Ponty, further elaborated by Linda Finlay, were applied to structure data collection and analysis. A demographic overview of the sample offered information about the participants, and described the interview conditions that were pertinent to the findings. Based on an embodied reflexive dwelling in the interview transcripts, meaning units were identified, and edited in the form of exemplars. Using free imaginative variation, the meaning units were transformed into revelations of psychological import, which were organized with related verses of the love poem Song of Songs to create a tension that might more effectively convey the lived experience of NT spouses in terms of intimacy needs, expectations, and psychophysiological effects.

Chapter 5, Results, Conclusions, and Recommendations, will begin with a brief summary of the overall study. “Discussion of the Results” will present a personal interpretation in terms of universal essences in relation to the research question. “Discussion of the Conclusions” will examine the results in relation to previous NT/AS marriage research, and situate the discussion within the broader conceptual framework of the attachment literature. “Limitations” will focus on the design elements of the study.
that may have influenced the results. “Recommendations for Further Study” will feature suggestions for therapeutic interventions developed directly from the data, and grounded in the theoretical perspectives of the study.
CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Chapter 4, Data Collection and Analysis, began with the process by which the topic and the research question were selected for the present study, including a reflection on the personal motivation that inspired the project. The essential methodological steps of the phenomenology of Husserl and Merleau-Ponty, further elaborated by Linda Finlay, were applied to structure data collection and analysis. A demographic overview of the sample offered information about the participants, and described the interview conditions that were pertinent to the findings. Based on an embodied reflexive dwelling in the interview transcripts, meaning units were identified, and edited in the form of exemplars. Using free imaginative variation, the meaning units were transformed into revelations of psychological import, which were organized with related verses of the love poem Song of Songs to create a tension that might more effectively convey the lived experience of NT spouses in terms of intimacy needs, expectations, and psychophysiological effects.

Chapter 5 reflects the final phase of Giorgi’s descriptive phenomenological model, where the results are discussed in terms of essential structures of the experience to help clarify and interpret the raw data.

Chapter 5, Results, Conclusions, and Recommendations, aims to accomplish two objectives: (a) to assess whether the present study addressed the research topic, by
interpreting the results in relation first to the research question and then to the broader conceptual framework and literature; and (b) to recommend directions for further study. The chapter begins with a brief summary of the overall study. “Discussion of the Results” presents a personal interpretation in terms of universal essences in relation to the research question. “Discussion of the Conclusions” examines the results in relation to previous NT/AS marriage research, and situates the discussion within the broader conceptual framework of the attachment and interpersonal neurobiology literature reviewed in Chapter 2. “Limitations” focuses on the design elements of the study that might have influenced the results. “Recommendations for Further Study” features suggestions for therapeutic interventions developed directly from the data, grounded in the theoretical perspectives of the study.

**Summary of the Results**

The purpose of this phenomenological study was to explore what it is like to be married to someone diagnosed with Asperger syndrome (AS), an autism spectrum disorder of social interaction and social communication (APA, 2013). While anecdotal and clinical reports consistently underscore serious adverse effects on the physical health and psychosocial well-being of spouses (neurotypical, or NT) of individuals with AS, the lived experience of this population has been remarkably neglected by researchers (Bostock-Ling et al., 2012). In addition, clinicians frequently fail to recognize AS, proposing individual and couples therapies that not only are inefficacious, but risk doing harm to their clients (Fitzgerald, 2007; Myhill & Jekel, 2008). Thus, based on the current literature, an important gap emerges that this study sought to address.
Attachment and interpersonal neurobiology theory illumined the core mental processes that serve as vectors for human relationships in general, and which play a particularly essential role in romantic love. The human capacity to bond is contingent upon such functions as emotion regulation, empathy, theory of mind, mentalization, and sense of self, all of which have been widely documented to be deficient in AS (Hobson, 2014). In addition, given the robust association between sexual satisfaction and marital satisfaction (Fisher & McNulty, 2008), the requirements for psychosexual enjoyment and intimacy (e.g., Fonagy, 2008; Katehakis, 2010) may be compromised when AS is present, due to neurologically explained deficits in these areas.

Giorgi’s (2012a) descriptive phenomenological model was selected to guide data collection and analysis, since it is considered by experts in the field to rigorously mediate the philosophy of Husserl into a scientific methodology (Cloonan, 2012). The phenomenological method allowed a dwelling in the lived world of NT spouses, enhanced by Finlay’s (in press) embodied reflexivity approach to interpreting and presenting the data. This qualitative design sought to provide information immediately useful to clinicians and the therapy process (Kisely & Kendall, 2011).

Ten out of 11 self-selected volunteers qualified to comprise the sample. Inclusion criteria included a current or former marriage of at least five years to someone who received a formal diagnosis of AS at some point during the marriage; before committing to marriage, neither spouse was aware that one of them had AS; there was no reason to believe that volunteers had AS themselves; volunteers were over the age of 18, and had access to the WebEx Meetings videoconference website. A few open-ended, non-
directive questions guided in-depth one-on-one interviews, which were self-transcribed verbatim. Meaning units were identified and transformed into revelations of psychological import using free imaginative variation, and the Song of Songs served to sequentially organize selected exemplars to illustrate these revelations.

Although numbers in phenomenology are not a concern (Giorgi, 2012b), the homogeneity of the results of this study was unexpected. Without exception, the life-world of NT spouses was traumatic. The women appeared as if immured by unrelenting and thoroughly pervasive psychological, emotional, and physical methods of intimidation that cemented a way of life for all of them—even after divorce—possibly serving to maintain a vulnerability already present prior to the marriage. Thus, attachment and interpersonal neurobiology theory became a lens through which domestic violence in NT/AS marriages might be examined, in terms of the effects of prolonged, repeated trauma on NT victims’ psychosocial and neurophysiological well-being.

**Discussion of the Results**

The essential structure that emerged from this study on the experience of marriage to someone with Asperger syndrome is trauma through abuse, whereby the spouse with AS exerts violence, power, and coercion for the purpose of controlling the NT spouse’s behavior. The pattern of domestic violence is so ubiquitous that it can be considered a lifestyle rather than a series of incidents, because it constitutes the fundamental feature that characterizes the NT/AS relationship. The psychological, emotional and sometimes physical aggression directed to the NT spouse is remarkably noxious because of its chronicity, its effects on every aspect of an NT’s life, its insidious invisibility, and the
overarching climate of antisocial lack of remorse in which the abuse operates.
Furthermore, it proliferates unchecked within a societal void, due to a paucity of information on intimate partner violence risks in NT/AS marriages.

The greatest threat of criminal perpetration takes place in the home (Tillyer & Wright, 2014, citing Straus, Gelles, & Steinmetz, 2006), and the victimization of NT spouses by their AS partner reflects this trend. These couples are highly educated and successful, and the abuse may not cause visible wounds, so others are dubitative and their support not easily mobilized. The perpetrator is especially gifted in playing a double persona; in fact, so gifted that the public persona can appear quite endearing, first to lure a potential wife, and from then on, as a ploy that superficially wins friends and influences people just enough to maintain an invisible wall around the victim. The aim is to isolate in order to dominate.

**Domestic Violence**

The *New Harvard Guide to Women’s Health* (2004) defines domestic abuse as “an act of violence in which the perpetrator asserts control or power, thereby victimizing a woman and limiting her personal freedom” and, in addition to physical battering, may involve threatening behavior, intimidation, demeaning comments, constant criticism, outbursts of temper directed at the woman, and coercive strategies to isolate her from her other relationships. While a broader forensic definition is not gender specific, research and crime statistics show that repeat offenders are men, while women experience repeated assaults with the most serious physical and psychological consequences (Knight, 2007).
**Intimate partner violence.** The U.S. Department of Justice cites five main categories of abuse: (a) emotional, (b) psychological, (c) economic, (d) sexual, and (e) physical (Powell & Smith, 2011). *Domestic violence* refers to an offender’s infliction of any of the five types of abuse on a family member, including partner, ex-partner, elder abuse, and child abuse, whereas *intimate partner violence* (IPV) refers to domestic violence that involves the couple. While IPV is often misunderstood to refer only to physical assault, the majority of offenders use multiple forms of abuse for the purpose of controlling the behavior of the victim. Importantly, prior domestic violence represents the strongest predictor of intimate partner homicide (Campbell, Glass, Sharps, Laughon, & Bloom, 2007).

**Intimate terrorism.** All of the NT spouses of this study reported victimization from their partner’s routinely abusive behaviors, feeling compelled to submit to their spouse’s unreasonable demands out of fear for the violent consequences. The patterns of power exerted over the women, whether married, attempting to divorce, or enduring incessant custody battles, are best described as “intimate terrorism” (e.g., Humphreys & Thiara, 2003, p. 210). Indeed, terror rules the women’s lives, and appeasement tactics involve suppressing such essential parts of their personalities that the women seem to become specters of themselves as their efforts to placate their spouse increase. Sadly, the aspects of themselves that are sacrificed are the qualities that are most healthy, such as their ability to connect with loved ones or to connect psychosexually with their lover. Locked into a system of yielding for the sake of keeping peace, in the end no one benefits
from it. The NT spouse slowly becomes a wraith at the cost of self-betrayal, eroded by years of depression and multiple symptoms of posttraumatic stress (Anne, Beth, Eve, Katia, Mireille).

While domestic violence is commonly equated with physical abuse, not all victims are physically touched, but can live in fear of it occurring due to partner’s threats (Powell & Smith, 2011). Moreover, psychological abuse has been found to affect women more than battering and to be more detrimental to mental health (Lawrence, Yoon, Langer, & Ro, 2009). Lawrence et al. identified husbands’ hostility by withdrawal, such as refusing to discuss a problem, and denigration toward wives as the abuse most strongly predictive of the women’s symptoms. The authors conclude that certain forms of male aggression may be more damaging to females than others, a phenomenon further clarified by Evans (2010). Domestic violence affects women’s overall health, their ability to earn a living, and their children’s development, and potential symptoms include sleep disturbance, sexual dysfunction, depression, anxiety, posttraumatic stress disorder, eating disorders, malnutrition, suicide, and death (CDC, 2014b). All five types of intimate partner violence emerged from the data, and are discussed below.

Emotional Abuse

Constant criticism, denigrating, name-calling of the most degrading kind, sexually abusive remarks, and the systematic undermining of the NT’s abilities contribute to the erosion of the NT’s sense of self-worth, causing her to be more easily controlled. Evans (2010, pp. 190-194) details five levels of verbal abuse that may be accounted for by the
presence of a developmental disorder: (a) denial and avoidance; (b) anger addiction and name-calling; (c) orders and threats; (d) attacks that undermine; and, (e) withholding.

The author identifies withholding as the most severe form of abuse, using AS as an illustration. Withholding behavior is characterized by a refusal to verbally engage with a partner, and is considered to be the most damaging to the partner and to the relationship. Withholding personal information in this way, the partner may learn about her spouse by listening to what he shares in his conversations with others. Refusing to respond to a question, to cheerful or interesting comments, or to new information, its persistence demonstrates that the withholder has no relationship with the partner. Refusing to say “I love you” is another form of withholding (Evans, 2010), a widespread complaint among NT spouses across the literature, as well as in this study.

It is difficult to discern whether someone with AS deliberately uses withholding to exert power over the NT, or whether the lack of communicative engagement is better explained by neurological impairments in auditory acuity, pragmatic language comprehension, theory of mind, emotional intelligence, and empathy that contribute to the deficits in social interaction and communication of autism. Whichever the case, the potential effects on the NT partner are possibly the same. Over time, NT partners feel treated as if they are nonexistent, invisible ghosts kept for the purpose of meeting the AS individual’s needs (Anne, Eve, Faith, Jane, Julie, Katia, Mireille, Meg). Withholding for whatever cause may be comparable to neglect, considered the most severe form of abuse (NSCDC, 2012). Neglect refers to the deprivation of individualized relational
responsiveness, with serious psychopathic and physiological consequences that can lead to mental illness, physical illness, and death (Nelson et al., 2014).

**Sexual Abuse and Neglect**

The results draw attention to a form of sexual abuse of the most demeaning kind: sexual neglect and deprivation. Domination reaches an unequaled intensity as husbands routinely manifest no desire for their wives, withhold lovemaking, and rebuff expressions of their wives’ physical affection. The wife who is a massage therapist craves giving and receiving warm touch, but is not “allowed” this. Another’s husband has the habit of announcing that he’s going to bed to masturbate and think about other women. A third is starved for a simple hug that never comes, while another is required to beg for her husband’s favors. It is perhaps the most abject form of domination, a rejection that reaches to the core of her female self, and an ultimate proof of her intrinsic worthlessness. Most give up and are subsequently accused of frigidity by their spouses.

**Psychological Abuse**

Psychological violence differs from sexual, economic, emotional, and physical abuse in that it entails behaviors that are not directed to the NT but rather to the important people in her life. This strategy seeks to isolate the NT from parents and family members, friends, co-workers, and pets, so that all instrumental support must come from the spouse. The victim feels incapable of escape, and therefore surrenders to the offender’s requirements (Powell & Smith, 2011). The social isolation experienced by all the NT spouses in this study effectively created extreme vulnerability in terms of psychological fragility and of instrumental distance from potential outside support.
**Social isolation.** Social isolation has been identified as a risk factor associated with IPV, while social support may inhibit victimization (Tillyer & Wright, 2014). Geographic distancing of the NT from her support network was the first isolating strategy of the marital sequence, followed by multiple strategies meant to separate the NT from her other relationships, throughout the duration of the marriage and after divorce. Over time, the damage to the NT’s valued relationships can be irrecoverable, while those family members who have AS may feel no sense of loss (Beth, Faith). The study revealed that the alienation of the NT spouses in this manner was a paramount element of their experience of marriage to someone with AS (Anne, Beth, Diane, Eve, Faith, Jane, Julie, Katia, Mireille, Meg).

Clamped with fear of the terrifying meltdowns that have tightened the parameters of her world, Anne has gradually relinquished her role as a mother while her husband has fully usurped her responsibilities in their home to the point where the only place she feels comfortable is a barn among the horses. Katia and Beth watched their husbands manipulate their sons to adopt demeaning behaviors, emotionally alienating the women from their own children. Once Beth and Faith decided to divorce, in unscrupulous vengeance their ex-spouses succeeded in manipulating the legal system to deprive the mothers of their sons for many long years; Beth was reunited with her son after four years, but after seven years, Faith has given up hope in ever recovering her little boys—now teenagers.
Economic Abuse

Creating conditions of economic dependency is another effective means to dominate NT spouses. Financial abuse serves to keep the NT dependent upon her spouse, and can take many forms, both overt and covert. Whether by whole-hearted choice (Faith), encouraged by her spouse (Anne), he provides no help at home (Eve), or by relentless dissuasive arguments (Katia, Meg), she tends to lessen or abandon her ambitions in the realms of education, creativity, and employment, to a degree that would perhaps be perceived today as archaic, especially for capable, highly educated women.

This study aligns with the literature to reveal a tendency among NT/AS couples where she raises the children alone, runs the household, and takes responsibility for all appointments, meetings, and outside activities, including those that involve her husband (Stoddart et al., 2012). In contrast, the spouse with AS may take full charge of the finances (Anne, Jane, Julie), and the NTs remain oblivious to household income, bank accounts, or mortgages. Economic violence also takes the form of oppressive accountability demands if allowed access to funds, withholding basic necessities (Julie), prevention from opening personal bank accounts, or obtaining credit (Powell & Smith, 2011).

It is noteworthy that among the women in this study, there appeared a tendency for those with few children to divorce, and those with four or more children to remain married. Adults with AS have reported finding the presence of children too challenging, which therefore compounds the NT’s burden of care both for her children as well as for her spouse with AS (Mendes, 2013). In face of the double burden of care confirmed by
the NT spouses of this study, a large family becomes an additional risk factor for NT dependency by making escape more complicated.

Physical Abuse

The explosive, uncontrollable rages frequently reported by family members of someone with AS can involve physical violence toward other people, as well as property damage (Gaus, 2011; Konst et al., 2013; Stoddart et al., 2012). Slapping, kicking, punching, grabbing, and pushing are considered to be forms of battering (Torpy & Lynm, 2010), as are shoving, scratching, biting, throwing, choking, shaking, burning, and restraining (Powell & Smith, 2011). For the law, an intention to cause harm constitutes assault and battery, both a crime and a tort. An episode that resulted in assault and battery prosecution was experienced by Beth, one of the divorced women. Several others (Anne, Beth, Eve, Julie, Katia, Meg) spoke of the terror of physical assault, the fear for their safety that permeated their daily life, and some of the ways this fear paralyzed their decision-making ability, seriously eroding their sense of agency (Anne, Katia). Eve, married for 30 years to her spouse with AS, acquired the expectancy that all of her husband’s anger would be directed toward her and to their children, whether or not they were involved in the cause that triggered it.

Verbal threat is abuse. The offender may direct threats toward family members of the victim, using the fear of another’s harm as a control-maintaining leverage tactic (Powell & Smith, 2011). Anne and Katia recounted heart-wrenching scenes of their mothers who were violently victimized, while these NTs helplessly witnessed the abuse, causing NTs much more suffering than if they had been the victims themselves. That
witnessing another’s suffering feels worse than being the victim was a favorite Nazi tactic and is commonly used for torture (Baron-Cohen, 2011). Screaming, yelling, threats, and angry words are recognized forms of intimate partner violence, and cause fear, shame, and feelings of insignificance in victims (Torpy & Lynm, 2010). If accompanied by a gesture, such as a raised fist, it becomes assault and can be prosecuted. In this study, these tactics represent an integral part of the lived experience of NTs married to someone with AS.

**Risk factors for leaving.** It is important to note that the inescapability of the abusive situation experienced by the NTs in their marriage is typically maintained and encouraged by a number of community and societal attitudes that are identified in the domestic violence literature as important risk factors (e.g., CDC, 2014b; Gharaibeh & Oweis, 2009; Koepsell, Kernic, & Holt, 2006; Potter, 2007). Damaging attitudes that emerge from this study include discrediting NTs’ reports (Eve, Jane; Katia), faith-related principles concerning marriage (Anne, Katia), therapist unawareness of AS (Beth, Eve, Jane, Julie, Katia, Meg, Mireille), traditional gender norms (Anne), and lack of institutional support (Beth, Faith). In addition, it is widely documented that the majority of adults with AS experience challenges regarding autonomy and quality of life. An older NT may hesitate to leave an AS spouse, knowing that in the absence of a caregiver, he risks faring poorly in many activities of daily living, and he will not know how or why to seek help (Jane, Mireille). The spouse with AS has become dependent on the NT partner to a degree extreme enough that it effectively dissuades her from ever leaving.
Discussion of the Conclusions

In line with previous research on NT/AS adult relationships, the results of the present study underscore the high level of conflict between spouses where Asperger syndrome is present. In addition, the findings bring further evidence to support anecdotal and clinical accounts of the seriousness of the effects on NT partners in terms of physical and psychological trauma, abuse, and neglect (e.g., Evans, 2010; FAAAS, 2010; Marshack, 2013; Thompson, 2008). Furthermore, the NTs’ experience of marriage aligns with Siegel’s (2012b) definition of abuse within the interpersonal neurobiology theoretical literature. For Siegel, abuse refers to the emotional, physical, sexual, or verbal mistreatment of one person by another, an example of impaired integrative communication in which an individual’s needs are not honored and compassionate connections not cultivated.

Existing clinical reports suggest that over time, due to the effects of neurological differences between NT and AS partners, NT spouses may suffer from psychological and physical symptoms of affective deprivation disorder (AfDD), a specific relational disorder caused by enduring relational dysfunction in reaction to chronic lack of emotional reciprocity (Aston, 2011; Attwood, 2008; Lorant et al., 2011; Simone, 2009; Simons & Thompson, 2009; Weston, 2010). The clinical experience of Simons and Thompson (2009) brings to the fore the possibility of domestic abuse in association with low emotional intelligence, alexithymia, and a low empathy quotient in a partner—all of which are core features of AS. Symptoms of AfDD include depression, anxiety, depersonalization, agoraphobia, fatigue, migraines, weight loss or gain, sleep
disturbances, hormonal imbalance, anger, guilt, and confusion. Chronic neglect described as a persistent lack of emotional validation is thought to contribute to the undermined self-esteem of NT partners (Simons & Thompson, 2009).

The results of the present study suggest that the essential structure of the experience of NT spouses of marriage with someone diagnosed with AS is that of a relational system based on coercion and control to dominate the NT spouse. Compared to the deprivation-related effects of AfDD, the IPV literature reveals similar symptoms in women: depression, anxiety, sexual dysfunction, sleep disturbances, eating disorders, malnutrition, suicide, and posttraumatic stress disorder (Torpy & Lynm, 2010). In fact, the two most prevalent mental health sequelae of IPV are posttraumatic stress disorder and depression (Campbell, 2002).

Framing NT/AS couples’ frustration as “a mismatch of needs and expectations” (Myhill & Jekel, 2008) falls short of the magnitude of the duress that emerged from the data of this study. The oft-employed term neurodiversity becomes derisive, in the sense that “diversity” would be an inadequate framing of intimate partner violence. While principles of interpersonal neurobiology such as affect regulation might help to understand the processes contributing to NTs’ psychophysiological deterioration, the lived experience of all 10 women would have been more appropriately apprehended from literature grounded in abuse, domestic violence, and complex trauma models, perspectives which this study did not anticipate.
Limitations

Research Design Limitations

Husbands were present in the house during the interview for 50% of the women who participated in this study. This awareness seemed to create some discomfort in the women who appeared to have more difficulty in disclosing the details of their experience, compared to the women who were divorced or who chose to conduct the interview in a private office outside of the home. In particular, they seemed desirous to address their husbands’ fits of anger, but hesitated to describe them in detail. Thus, while fearful explosive rage was a dominant reality in their lives that exerted significant control on their behaviors, and reflected IPV illustrated by the “walking on eggshells” image common in the IPV literature, detailed descriptions of it were discreet.

Because Diane decided that a microphone headset was unnecessary to participate in the teleconference, despite its request during the pre-interview screening call, her interview is inaudible for the most part, and only a very few exemplars could be extracted from the transcript. Since Giorgi (2012a) recommends three participants for a descriptive phenomenological inquiry, the number of transcripts produced by this study is deemed sufficient to identify an essential structure that emerged from the data. However, for future Internet-based interview research, microphone headsets will be considered a requirement of quality interview procedures.

Sample Limitations

Male recruitment. To obtain a better understanding of adult relationships between NT/AS couples, it is especially important that the experience of NT husbands
married to AS wives be examined; however, no men volunteered for the study. The NTs frequently identified “It’s just how men are” as one source of misunderstanding that contributes to a general lack of support by family, friends, and therapists. It thus appears vital to be able to compare the lived experience of NT males married to females with AS. The fact is that men are widely underrepresented in the literature in general, and their participation often requires extra effort in implementing effective recruitment strategies (e.g., Bhar et al., 2013). In the psychopathology and ASD literature in particular, fathers are largely absent from studies (Braunstein, Peniston, Perelman, & Cassano, 2013), and when it comes to relationship studies of all kinds “men are notoriously hard to recruit” (Berscheid, 2010, p. 9).

It is well documented that it is most often the wife who is sensitive to the deterioration of the relationship and seeks therapy (Riehl-Emde et al., 2003). Tambling and Johnson (2008) found that in a sample of 290 couples in marital therapy, women were both more distressed than men regarding the state of their relationship and more motivated to change in the context of therapeutic intervention. Many authors note that women typically emphasize the dyad over the individual (Reis et al., 2013), a sex difference which Gurtman and Lee (2009) suggest can be described as a desire for communion in females, whereas males prioritize a sense of agency. Whatever the case, this additional gap in the literature perhaps helps to explain the current male-skewed 8:1 diagnostic ratio.

**NT/AS marital satisfaction.** The results of this study accentuated the abusive features of the NTs’ experience of marriage to someone with AS, and little is known
about the factors that contribute to marriage satisfaction in NT/AS couples. One of the 11 volunteers expressed a desire to offer her positive experience of NT/AS marriage to the discussion; however, during the pre-interview screening phone call, she refused to (a) accept that the interview be recorded, (b) divulge her name or email address, and (c) sign an informed consent form, for confidentiality reasons due to her husband’s professional involvement with the U.S. government, so unfortunately she could not qualify for the study.

**Recommendations for Further Study**

**Suggestions for Interventions**

Several of the NTs discussed the depression for which they were previously or currently treated with medication and psychotherapy. As for possible PTSD, some of the women reported histories of childhood sexual abuse, so complex trauma may have been part of their story. Posttraumatic stress disorder is currently categorized in the DSM-5 as a trauma-related disorder, and because the stressor is interpersonal and intentional, exposure to domestic violence may cause PTSD that is especially long-lasting and severe (APA, 2013). Relevant to the results of the present study, Campbell (2002) notes that partner dominance has been found to be a strong predictor of the development of IPV-related PTSD. In her seminal paper on complex PTSD, Herman (1992) draws attention to the particularly noxious effects of prolonged victimization by a perpetrator who exerts coercive control to maintain a victim in captivity using the five types of domestic abuse.

Yet, while repeated and prolonged abuse through coercion and dominance emerged as an essential structure in this study, AS research has not addressed the
potential psychosocial effects on spouses and children of someone with AS. The risk is that current psychotherapy approaches may be aimed at symptom management, rather than at the core problem. Therefore, screening for PTSD in spouses or former spouses of individuals with AS, and the effectiveness of complex trauma treatment of NTs, when appropriate, merits further exploration.

Based on attachment and interpersonal neurobiology theory, it would appear that an integrative, psychobiological approach to the suspected NT dysregulation and trauma (e.g., Korn, 2013), from a relational, mutually empathic perspective (e.g., Jordan, 2010) are two therapeutic approaches which might provide well-adapted responses to the effects of chronic abuse and neglect that characterized the NTs’ experience. Since depersonalization is a symptom associated with trauma (APA, 2013), feminist therapy might be especially effective in helping an NT client reclaim her sense of self (Cheon & Murphy, 2007; Wuest & Merritt-Gray, 1999, 2008). Furthermore, in light of the fact that STEM occupations are so highly valued in technology-dependent cultures, feminist therapy (e.g., Brown, 2012; Evans et al., 2011) would perhaps facilitate NT awareness of political influences that may have a potential impact on her oppressive situation—observations made by the NT women of this study who struggled with divorce battles—awareness that could bring greater personal insight, and inform support strategies and decisions for her future.
Conclusion

Interview after interview, weeping as they wept; in reverie, each woman reappears in orange through the plate glass visitation booth of a computer screen teleconference. They smile as they recount horror, and cry when uttering hope. Listening to these stories, to use the words of the female persona in the Song, “my soul failed me when [s]he spoke.” Writing the essence of the lived experience of these women’s marriage to someone with Asperger syndrome was held captive in the double bind of trauma described by Kearney (2013) where to speak is impossible, and to be silent is impossible. Baudelaire knows that “more than metaphorical, words are metamorphosis” (cited in Kristeva, 2013), and it is the writing that gives a future to the past, in a collapse of witnessing (Kearney, 2013). Writing another’s trauma in embodied inquiry is similar to Kristeva’s (1983/1987) dilemma writing about love: it is impossible, inadequate, immediately allusive when one would like it to be straightforward (p. 1).

In light of the chronic trauma reenactment through domestic violence that emerged as the lifeworld of women who married someone with Asperger syndrome, the Song of Songs became a device of tragedy, but one that re-minds battered souls that “tears are a river that take you somewhere” (Estés, 1995, p. 374). May the tears of these women lift their boats from the dry ground of Silicon and carry them downriver to a new flowering Valley of Heart’s Delight.
REFERENCES


Aponte, H. J., & Kissil, K. (2014). “If I can grapple with this I can truly be of use in the therapy room”: Using the therapist’s own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy, 40*(2), 152-164.


223


228


APPENDIX A. STATEMENT OF ORIGINAL WORK

I have read, understood, and abided by Capella University’s Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA Publication Manual.

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